EFFECTIVENESS OF SKILL TRAINING ON EMPOWERMENT OF CHILD CARE SKILLS AMONG THE MOTHERS OF MENTALLY CHALLENGED CHILDREN

A DISSERTATION SUBMITTED TO THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,

CHENNAI, IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2011

CERTIFICATE

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I will say of the lord. He is my refuge & my fortress: In him will I trust.

- Psalms 91:2

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TABLE OF CONTENTS

Table of Contents (continued)

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

CHAPTER – I

Introduction

Background of the Study

"Mother is the name for god in the lips & hearts of little children".

"The child is considered as a heavenly gift and meaning of their life. Every parent dreams about the birth of a healthy child, its features, playful activities and they watch the growth and development, no one would be in peace, if they are crystal clear that their child is mentally challenged. Their dreams and expectations would subsequently get distorted, they would become frustrated and their mind would be splitted in to pieces. Consequently they have to under go a series of stress and sorrow throughout their life. Rearing a child who is mentally challenged requires emotional strength and flexibility. Such a child would be in need of special care in addition to the regular needs of all children, and parents can find themselves overwhelmed by various medical, and educational responsibilities. Parents are invariably affected by the way they have to treat their own children as an alienated object, irrespective of the degree at which they may vary. It leads to disruption of family's prestige in the community faber (2000).

Pesawaria & Ganguli (2000) stated that parenting a mentally retarded child is not an easy task. While parenting a mentally retarded child, parents psychologically experience a variety of stress related to the child's disability. Parents especially mothers need to be courageous enough in their difficult task, which is indeed easier for them while the child is still a infant. Baswell (1974) stated that an "anxious love, on the part of mother, may do much to exacerbate the defective disability. Most parents expect that children will be attractive , smart, graceful, athletic & loving. So parents of mentally

challenged children not only mourn the loss of unfilled expectations but often face enormous strain on their psychological & economic resources."

Mothers of mentally challenged children are faced with multiple stresses demands from internal & external sources. Parents generally tend to put their child's needs above their own needs & parents consistently underrate their own needs as less important than the child. Being lived with mentally retarded child ,is not so easy as others think of, since it makes not only the child suffered, but also family members , who suffer a lot by pondering over this issue. Professional intervention may help the family to cope up in the form of parents training programme. Koege et al., (1999) stated that " the primary concern of parents of children with disabilities is the lack of autonomy in their offspring & resulting burden of care".

Lerma et al., (2002) described that Skill acquisition, in parents of children with developmental disabilities is important that alleviate the burden on parents & caretakers. The skill training to parents of mentally challenged children is needed to avoid child neglect due to inadequate parenting abilities. The parents training resulted a high degree of parent satisfaction from the perspective of parents. Parents & other family members should do their part at home to teach the self help skills like bathing, brushing, feeding,gromming, which take much of their time to do for their children, this make them to feel less burden and empowered. Cowart (2000) reported that "training produced noticeable gains in both parents & the child's performance on self help skills".

Mrs.Leena mazumdar (2000) stated that "when India got independence in 1947, it had only three institutions for the care of mentally retarded. The first home for the mentally retarded was established in Bombay in 1941. At present there are more than

three thousand special schools, nine hundred schools for the hearing impairment , four hundred for children with visual impairment, seven hundred for those with locomotors disabilities & one thousand for the mentally disabled schools in India". (Department of birth defects & developmental disabilities 2009).

There are lot of services available for the mentally retarded children. The main motto of these services is to make a mentally retarded child independent in the area of his life. ie personal, social & occupational without any harassment.

- To impart education & training to mentally challenged children.
- To impart vocational training for future employment.
- To advice & help parents through counseling & training & to foster mutual help between them.
- To undertake & encourage scientific research in to the problems of retardation.
- To develop public awareness.

Services provided for mentally retarded children were education & training, clinical & medical services, prevocational & vocational services like recanning of chains, knitting & embroidery, bakery & cooking, clay modeling, candle modeling, paper bag making, cutting & tailoring, sports, speech therapy, early intervention therapy, rehabilitation. All parents wish for a healthy baby, but some parents though not willing are gifted with mentally retarded child. Parents can be helped to recognize & express their feelings & eventually they change their knowledge & attitude for the betterment of their children & themselves. Skill training is needed to empower the parents for the caring of their children.

Significance and Need for the Study

For biological parent, the parental role does not begin at birth but rather emerges and intensifies. Before birth the mother and father become aware and are attached to their unborn child and begin functioning in the parental role. Every parent usually has a dream during pregnancy and after delivery, parents need to recognize the actual birth with the fantasy of the dream. Mc conacle randle (2005) stated that the high risk infant with mental disabilities is an unexpected and stressful event. So the parents are asked to cultivate the child caring skills, in rearing their challenged offspring.

Bureau (2009) in his study reported that 1439 million children were under 15 years in the world. Out of them 72 million (5%) were severely handicapped. 173 million (12%) needs special education and rehabilitation services. Prevalence of persistent and socially handicapped mental health problems among children aged (3-15 years) in developing countries are 5-15%. Developmental disorder of speech and language occur in 1-5% of the children and reading retardation in 3%-10% of children. In India it is estimated that 3% of population are mentally retarded (ICMR 2009).

Globally the prevalence of mental retardation is estimated to be 30 per thousand. Almost 75% of the population diagnosed as mentally retarded have either moderate retardation, while the remaining 25% have moderate or severe & profound grade of retardation (Delhi society welfare of children 2005)

U.S.Department of education for children with mentally retarded (2000) has states that for children MR rate was 11.4 per 1000 & for adults 6.6 per 1000 population. In India 40-80 millions persons living with disability, it is estimated that about 30 percentage of them are children below the age of 14 years. India is one of the few

countries in the world where 90 percent of disabled children do not receive any form of education (Massey, department of birth defects & developmental disability 2004)

According to the National Sample Survey Organization (NSSO), in 2001, reported that out of 1000 children in the rural areas, 31 had some developmental delays, whereas in urban areas 9 out of every 1000 children were developmentally delayed. The survey was conducted on children within the age group of 0-14 years. On an average it is found that 2.5 % of all such children are mild and moderately retarded, and 0.5% have severe or profound retardation. The NSSO survey estimates that "in rural areas the prevalence of mental retardation is 3.1% whereas it is much less at 0.9% in urban settings".

Baken, & Miltenberger (2008) conducted a study to determine the effects on parental mental health on education & skill training programme for young parents with disorders. They found that both treatments resulted progressive improvements in overall mental health. Mental health significantly improved over time in the 54% of prinicipal caregivers & skill training programme for parents of young children newly diagnosed provides significant improvement in parental mental health & adjustment.

Alvey & Aeschleman (2008) conducted a study on evaluation of a parent training programme for teaching mentally retarded children with age appropriate restaurant skills. After participating in a training programme three mothers attempted to facilitate greater independence in their developmentally delayed children during meals time at a fast food restaurant. This results indicated were influenced by the training programme & their children restaurant skills were enhanced. .

No family is prepared for the presence of mentally challenged child. Therefore the presence of a mentally challenged child shakes the foundation of the family. So having a retarded child into a family & grow into adulthood is one of the most stress experience a family can endure. A study conducted by Marika (2000) showed that parents especially mothers of children with disability have significantly more depression.

Baumeister & tice (2004) quoted that the tendency towards social isolation often encourted in families with a child with disability may affect the mothers in the form of a real exclusion from the social environment & may be an important factor in anxiety.

The study was carried out at the Regional Rehabilitation Center, Rohtak (2004), stated that twenty families of day boarders, attending RRHC for 5 hours/ day for a period equal to or more than one year were selected at random and taken for the study. A semi structured interview schedule based on items given by Pai et al[1] was utilized to assess the burden on the families of mentally handicapped children. This was assessed under five broad categories which included - financial burden, burden on family leisure, burden on family interaction, burden relating to disruption of family routine and burden relating to the effect on physical and mental health of the family. A total of eighteen items were included under these five broad categories. The rating for each individual item was done on three point scale: severe burden = 2, moderate to mild burden = 1 and no burden = 0. The scores of each item were added to get the net total score as an indicator of severity of burden. During the interview an attempt was made to have both the parents present. Sixty percent of families were severely burdened in relation to the item "Effect on the physical health of other family members" which included physical/ psychological illness and members of the family becoming depressed and weepy. Forty five percent of families felt

severely burdened regarding family interaction and had almost ceased to interact with friends and neighbors. Forty percent had their family leisure severely affected. They had stopped normal recreation and had frequently abandoned planned leisure with the affected child using up most of their holiday and spare time. The family routine was felt to be severely affected in thirty five percent of cases, leading to neglect of rest of the family. Only 25% of families felt they were severely burdened financially. 20% had postponed planned activity due to financial constraints.

Parental reactions for mentally challenged children were shock, depression, guilt, anger, sadness, & anxiety. Some parents perceive the mentally challenged children as an extension of themselves & may feel shame, social rejection, ridicule or embarrassment. A number of practical problems may arise in living with a mentally challenged children for example financial strain, special equipment, possibly special schools & demand of caretaker's time. The family may find it difficult to entertain friends at home or to visit others.Traspotation may become difficult if special equipment must be transported with the child.

Helander (2002) estimated that 85% of the world's disabled children under 15 years of age living in developing countries.

The investigator felt that not many studies are done in this area. so the investigator interested in the disabled children's parents how to become an effective supporter for the child by giving skill training on child care skills. A primary goal is to train these skills to empower the mothers of mentally challenged to be more successful in caring of their children and decrease the burden of the family members.

STATEMENT OF THE PROBLEM

A Study to assess the effectiveness of skill training on empowerment of child care skills among the mothers of mentally challenged children in selected mentally retarded schools of madurai.

OBJECTIVES OF THE STUDY

- To find out the level of empowerment on child care skills among mothers of mentally challenged children before & after skill training in activities of daily living.
- To evaluate the effectiveness of skill training in activities of daily living in terms of child care skills among mothers of mentally challenged children.
- To determine the association between posttest empowerment on child care skills score among mothers of mentally challenged children & selected demographic variables of mothers (family income, religion, type of marriage, education of mother, place of residence) and demographic profile of child (age, sex, birth order).

HYPOTHESIS :-

H 1 – The mean post test empowerment score on child care skills among the mothers of mentally challenged children will be significantly higher than the mean pretest score among the mothers of mentally challenged children

H2 – There will be a significant association between posttest empowerment on child care skills & the selected demographic variables mothers (family income, religion, type of marriage, education of mother, place of residence) and demographic profile of child (age, sex, birth order) among the mothers & mentally challenged children.

OPERATIONAL DEFINITIONS

EFFECTIVENESS:-

It means that the way, it produces the intented result or a successful event. In this study it refers the outcome of skill training in empowering the mothers of mentally challenged children on child care skills.

It is the difference between the mean pretest & post test empowerment score on child care skills after the administration of skill training on daily living activities.

SKILL TRAINING

In the study it refers to the skill that is required for the mothers of mentally challenged to meet the daily basic need like brushing, bathing, dressing, feeding, grooming, play activities of the mentally challenged children.

It means training of mothers of challenged children regarding skills like brushing, bathing, feeding , grooming, & play activities.

MENTALLY CHALLENGED CHILDREN:-

Mentally challenged children refers to children with significantly sub average general intellectual function existing concurrently with deficits in adaptive functioning, which is manifested during the developmental period with onset before the age of 18.

In the study, it refers to children with sub average general intellectual function existing concurrently with deficits in adaptive functioning & manifested during the developmental period with onset before the age of 18 who are attending Anbagam and shine special schools.

EMPOWERMENT :-

Giving strength or confidence, knowledge & skill to the mothers of mentally challenged children in meeting the daily activities like brushing, bathing, eating, dressing, & play activities.

ASSUMPTION

- Teaching the child care skills is to improve or maximize the mother's ability & confident
- Child care skills can be learned by the mothers of mentally challenged children
- Nurse has an important role in teaching these child care skills to mothers of mentally challenged children.
- Appropriate child care skills is necessary to improving activities of daily living among the mothers of mentally challenged children.

DELIMITATIONS

- This study was confined to 2 special school (Anbagam & shine special school)
- Data collection period was limited to 6 weeks.

PROJECTED OUTCOME:-

- The study finding will help to determine the effectiveness of skill training among mothers of mentally challenged children in improving the child care skills.
- The finding of this study will help the nursing personnel to plan & prepare module on skills training in special school for improving child care skills among the mothers of challenged children.

CONCEPTUAL FRAMEWORK

J.W.Kenny's Open System Model.

The Frame work used in the study was based upon J.W.Kenny's open System model. All living systems are open in the fact that there is continual exchange of matter, energy, informations, open systems have varying degree of interaction with environment from which the system receives input & gives back output in the form of matter, energy & information for survival all systems must recent varying types & amount of matter of the energy & information.

The main concepts of the open system model are input, throughout, output & feedback. In open system theory, input refers to matter, energy & information that the enter into the system through the boundary throughout refers to the process, where the system transforms the energy & information output refers to matter, energy & information that are processed. After processing input, the systems returns output (matter, energy, information) to the environment in the altered state. Feedback refers to the environment responses to the output used by the system in adjustment, correction & accommodation to the interaction with the environment.

In this study before the skill training ,there was a lack of child care skills on doing the daily activities for their mentally challenged children.The input was giving skill training regarding brushing, bathing,gromming, feeding, dressing, discipline, and teaching guidelines. The throughput was the giving strength or confidence & knowledge skill to the mothers of mentally challenged children in meeting the daily activities. The outcome is was the improvement in the child care skills as measured by post test.

conceptual framework of J.W.Kenny's open system model

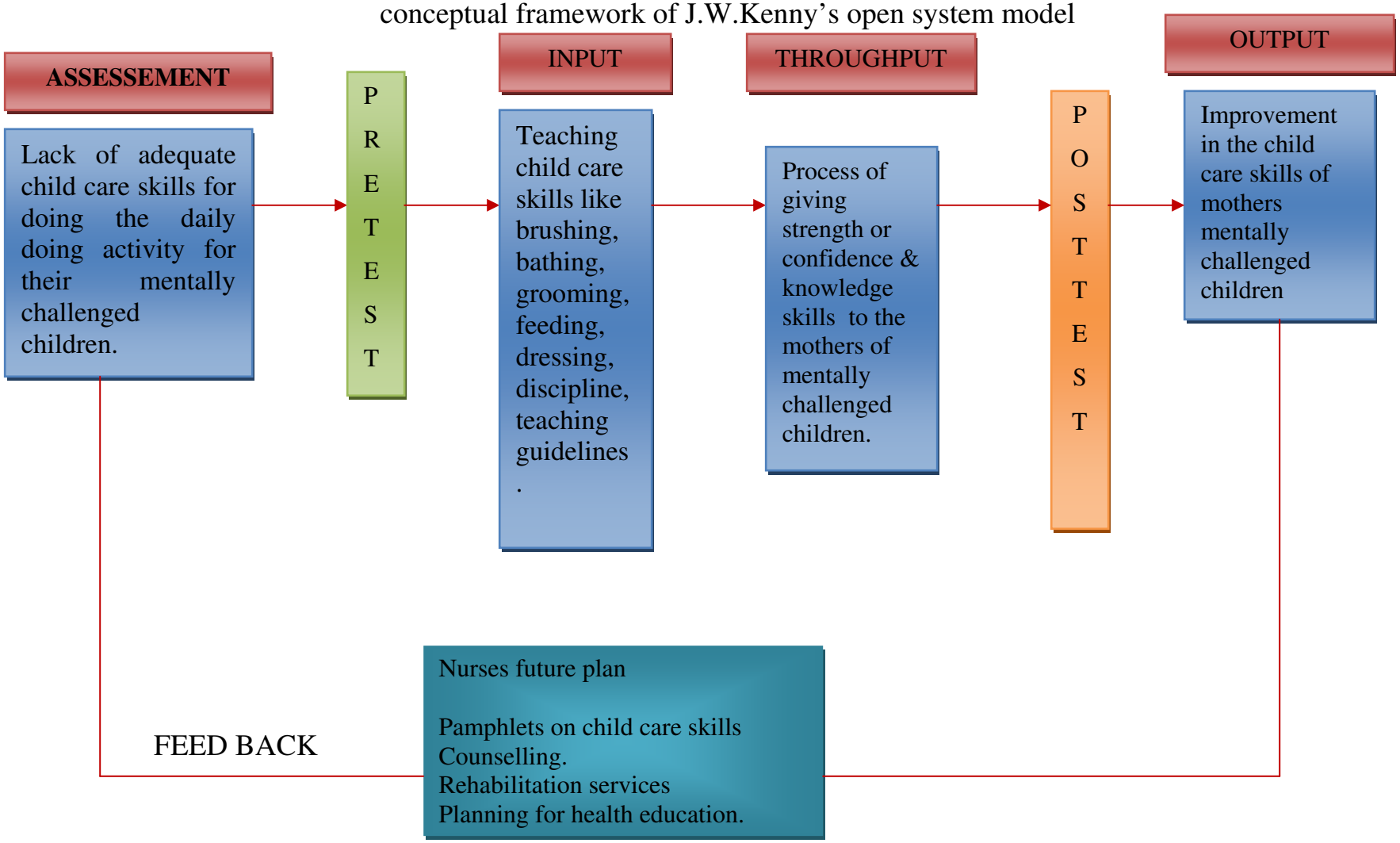

Figure-1

CHAPTER II

One good mother is worth a hundred school master.

REVIEW OF LITERATURE

Review of literature is traditionally most important scholarly literature on particular topic. Polit & Hungler (1999) researchers almost never conduct a study in an intellectual vacuum. Their studies are undertaken within the context of an existing base of knowledge. Researchers generally undertake a literature review to familiarize them about the topic under study. A literature review involves the systematic identification location, scrunity & summary of return materials that

Contain information on a research problem.

The various studies viewed are classified as follows:-

- General information about mental retardation
    a. prevalence of mental retardation.
    b. classification of mental retardation.
    c. causes of mental retardation.
    d. common problems associated with mental retardation
- Studies on mental Retardation
- Studies related to skill training on mothers of mentally challenged children

STUDIES RELATED TO PREVALANCE OF MENTAL RETARDATION:-

It is interesting to note that majority of the mentally retarded children are rural in origin where no aid is available. Bureau (2009) reported that 1439 million children were under 15 years in the world. Out of them 72 million (5%) were severely handicapped. 173 million (12%) needs special education and rehabilitation services. Prevalence of persistent and socially handicapped mental health problems among children aged (3-15 years) in developing countries are 5-15%. Developmental disorder of speech and language occur in 1-5% of the children and reading retardation in 3%-10% of children. In India it is estimated that 3% of population are mentally retarded (ICMR , 2009).

In India some 40 – 80 million persons are living with disability, it is estimated that about 30 percent of them are children below the age of 14 years. India is one of the few countries in the world where 90 percent of disabled children do not receive any form of education. In a separate survey of children (age 0 – 14yrs) with delayed mental development, it was found that 29 out of 1000 children in the rural areas had developmental delays, which are usually associated with mental retardation. (department of birth defects & developmental disabilities ,2009)

Globally the prevalence of mental retardation is estimated to be 30 per thousand. Almost 75% of the population diagnosed as mentally retarded have either moderate retardation, while the remaining 25% have moderate or severe & profound grade of retardation(Delhi society welfare of children, 2005)

According to the National Sample Survey Organization (NSSO), in 2001,stated that out of 1000 children in the rural areas, 31 had some developmental delays, whereas in urban areas 9 out of every 1000 children were developmentally delayed. The survey was conducted on children within the age group of 0-14 years ..On an average it is found that 2.5 % of all such children are mild and moderately retarded, and 0.5% have severe or profound retardation. The NSSO survey estimates that in rural areas the prevalence of mental retardation is 3.1% whereas it is much less at 0.9% in urban settings.

According to Marimuthu (2000) reported that in India 3% of the population are said to be mentally retarded of which 1% are severely retarded. It is also reported that nearly 5% of the babies born were mentally retarded with or without any congenital visible malformation. It is unfortunate that government of India during the international years of the disabled did not recognize mental retardation as a developmental disorder & no notice was paid to this major problem. Mentally retarded children need our attention, love & care & when they even become economically productive. It is also stated that fortunately 4/5 of all moderate case of only 5% are severely affected cases. In India mentally retarded estimated to be about 15 million & all of them need special care & attension & nearly 1 million require custodial care.

Srinath et al., (2005) conducted the epidemiological study on child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. The results indicated a prevalence rate of 12.5 per cent among children aged 0-16 yr. There were no differences among prevalence rates in urban , slum and rural areas. The psychiatric morbidity among 0-3 yr old children was 13.8 per cent with the most common diagnoses being breath holding spells, pica, behavioral disorder, expressive language disorder and mental retardation. The prevalence rate among 4-16 yr old children was 12.0 percent. These were the common diagnosis like enuresis, specific phobia, hyperkinetic disorders, stuttering and oppositional defiant disorder . Assessment shows that only 37.5 per cent of the families perceived that their children have the problem.

Past two years statistics of child guidance clinic in NIMHANS showed that prevalence of mental retardation in south India about 2100 children were registered in 1994, out of them 980 were mentally retarded consisting of 606 boys & 374 girls. In 1995, about 2200 children registered among them 981 were mentally retarded handicapped covering 633 males & 348 females, fifty four children.

GENERAL INFORMATION ABOUT MENTAL RETARDATION:

MENTAL RETARDATION:-

- Definition
- Classification
- Causes
- Common problems associated with mental retardation
- Care & rehabilitation
- Studies related to mental retardation.

MENTAL RETARDATION

Mental is a disability characterized by significant limitation in intellectual function& in adaptive behavior as expressed in conceptual, social & practical adaptive skill.

-American Association of mental retardation (2002)

CAUSES OF MENTAL RETARDATION:-

☆ **GENETIC CONDITIONS**

Baraitser & winter (2002) stated that "a number of single gene disorders result in mental retardation". Conditions that include fragile x syndrome, neurofibromatosis, tuberous sclerosis, Noonan's syndrome & cornelia de lange's syndrome.

☆ **PRENATAL PROBLEMS**

Mental disability can result when the fetus does not develop inside the mother properly. Stromme & Hagberg (2007) stated that prenatal causes include congenital infections such as cytomegalovirus, toxoplasmosis, herpes, syphilis, rubella & HIV, prolonged maternal fever in the first trimester, exposure to anticonvulsants, & untreated maternal PKU. Complications of prematurity,

extremely low birth weight baby or postnatal exposure to lead can also cause mental retardation plecuch et al., (1999)

☆ **PROBLEMS AT BIRTH**

Gross & Reichenberg (2007) stated that asphyxia, difficult and or complicated delivery & birth trauma, neonatal septicaemia, severe jaundice, hypoglycemia are the causes of mental retardation.

☆ **POSTNATAL PROBLEMS**

Zoghbi (2003) stated that brain infection such as tuberculosis, Japanese encephalitis, & bacterial meningitis. As well as head injury, chronic lead exposure, severe & prolonged malnutrition are the causes of mental retardation.

☆ **METABOLIC DISORDERS**

Scriver (!995) stated that metabolic disorders are also another possible cause of mental retardation. In some cases eg.PKU, hypothyroidim, retardation is preventable with early treatment.

☆ **EXPOSURE TO CERTAIN TYPE OF DISEASES OR TOXINS**

Aicardi (2004) stated that diseases like whooping cough, measles or meningitis can cause mental disability, if medical care is delayed or inadequate. Exposure to poisons like lead or mercury may also affect mental ability.

☆ **MALNUTRITION**

Wines (2006) stated that "Malnutrition is a common cause of reduced intelligence in arts of the world affected by famine, such as Ethiopia".

CLASSIFICATION:

According to the Kenny,clemmens (1999)

LEVEL	IQ RANGE	ABILITY AT PRESCHOOL AGE (BIRTH TO 6 Yrs)	ABILITY AT SCHOOL AGE (6-20Yrs)	ABILITY AT ADULT AGE (21 Yrs & Older)
Mild	52-68	Can develop social & communication skills, motor coordination is slightly impared often not diagnosed until later age.	Can learn up to about the 6th grade level by late teens can be expected to learn appropriate social skills.	Can usually achieve enough social & vocational skills for self-support, but may need guidance & assistance during times of unusual social or economic stress.
Moderate	36-51	Can talk or learn to communicate, Social awareness is also poor, motor coordination is Fair, the child can be Profit from training in self help.	Can learn some social & occupational skills, can progress to elementary school level in school work, may learn to travel alone in Familiar places.	May achieve self support by performing unskilled or semi skilled work under sheltered conditions, needs, supervision & guidance when under mild social or economic stress.
Severe	20-35	Can say a few words, able to learn some self	Can talk or learn how to communicate, with others,can learn simple health habits and	The child partially do self care under complete supervision,

		help skills, has limited speech skills, motor coordination is poor.	get benefits from habit training.	can develop come useful self protection skills in controlled environment.
Profound	19 or below	Extremely retarded, little co-ordination may need nursing care.	Some motor, co-ordination, limited communication skills.	The child can achieve very limited self care usually needs nursing care.

COMMON PROBLEMS ASSOCIATED WITH MENTAL RETARDATION

PHYSICAL DISORDERS

- ✓ Sensory disorders
- ✓ Motor disorders

PSYCHIATRIC DISORDERS

- ✓ Schizophrenia
- ✓ Mood disorders
- ✓ Neurosis
- ✓ Personality disorder
- ✓ Organic psychiatric disorder.
- ✓ Autism & over activity syndromes,

BEHAVIOUR DISORDERS:-

- ✓ Mannerisms, head banging & rocking are common among severely retarded.
- ✓ Repeated self injurious behavior
- ✓ Hyperkinetic syndrome.
- ✓ Others. (temper tantrums, self stimulation, pica, undue dependency)
- ✓ Sexual problems.
- ✓

CARE & REHABILITATION

- ✓ The prevention & early detection of mental handicaps
- ✓ Regular assessment of the mentally retarded person's attainments & abilities.

- ✓ Provision for training , education & occupation or work appropriate for each handicapped.
- ✓ Rewarding / positive reinforcement
    - ❖ Modeling
    - ❖ Shaping
    - ❖ Chaining\
    - ❖ Physical guidance.
        - ▪ Vocational training
        - ▪ Medical, nursing and other services for those who require them as outpatients, day patients, or inpatients
        - ▪ Help for families.

I. Studies Related to Mental Retardation

Bhowate R & Dubey A (2009) conducted a study to identify the dentofacial abnormalities, oral health status, malocclusion and microdontia in mentally challenged individuals. The study was carried with the 69 mentally challenged individuals. Out of 69 mentally handicapped individuals 27 had diagnosed as downs syndrome and 42 had diagnosed as cerebral palsy. In both groups, submandibular lymphadenopaty was reported. Present study revealed that dental carries present in 56.0% of the individuals. Fair clinical level of oral hygiene present in 60% of the individuals. Abnormal speech was present in 36 (52.0%) and 12 (17.0%) were not speaking at all. Prevalence of various dentofacial abnormalities seen amongst downs syndrome and cerebral palsy. Most of the individuals with downs syndrome had

hypertelorism (92.5%) and flat bride of nose (96.2%), this is due to mid-face hypoplasia. Fissured tongue was present in (66.6%) of children and macroglossia present in 62.9% of children. He found out that high arched palate was present in 88.8% of children. Malocclusion was present in 37.03% of children with downs syndrome and 30.9% of children with cerebral palsy. They found that malocclusion in the downs syndrome is due to retardation of the growth of the maxillae and mandible and both are placed anteriorly to the cranial base. In cerebral palsy, primary cause may be disharmonius relation between the intra oral and peri oral movements. Uncoordinated and uncontrolled movements of jaws, lips and tongue are observed frequently in patients with cerebral palsy. Microdontia was present in 40.7% of downs syndrome and 4.7% of cerebral palsy children. Delayed eruption of permanent teeth was present in 14.8% of individuals with downs syndrome and in 35.7% of individuals with cerebral palsy. Fractured maxillary anterior teeth was present in 21.4% of the individuals with cerebral palsy, as they are more susceptible to trauma. Submandibular lymphadenopathy was observed to be a consistent finding in down syndrome 77.7% and cerebral palsy 61.9% and this was due the high prevalence of gingival disease and untreated carious teeth in mentally challenged individuals.

Hayes B & Taplin J (2008) assessed the development of conceptual knowledge in children with mental retardation.He selected nine to 14-year-old children with mild mental retardation and children without mental retardation matched for mental and chronological age were first shown a novel category made up of five visual figures. They were given a test with a set that contains the

previously presented figures, novel category members, and the category prototype. The contribution of prototypical and exemplar, information to subjects performance on the recognition test was evaluated. Results findings showed that the children without mental retardation employed both forms of information in arriving at recognition decision, whereas both of the retarded groups tended to rely only on the prototype information.

Ingram (2007) investigated to find the behavioural pattern of children diagnosed as autism & mental retardation. Assessed the typical development using the playground observation checklist. Autism children were distinguished from the mental retardation children but the children with typical development and mental retardation did not differ significantly in social competency. The four social behaviors on the checklist correctly identified the 94 percent of the children as having or not having autism. The pilot results suggest that the Playground Observation Checklist as a efficient ,simple and clinically useful component of a comprehensive evaluation for possible autism.

Stallings and Ebin (2005) assessed the parental feeling practices and evaluate their relationship to weight status among children with Down syndrome and their unaffected siblings. Cross-sectional study of sibling pairs, one child with down syndrome and one child without down syndrome, between the age of 3 and 10 years . Children's height and weight status were measured using standard research procedures for calculation of body mass index (BMI) and BMI Z scores. Their results suggest that the mean BMIZ was higher among children with down syndrome that their siblings.

Hollge et al., (1999) conducted a study to compare the complex relation between obesity and mental retardation in children, a group of 27 obese mentally retarded children with an equal sized group of children with normal weight. The author founded that effect of obesity on the development of mental retardation. The latter was reinforced by other factors. To solve this problem they should follow preventive measures against the development of obesity.

STUDY RELATED TO SKILL TRAINING TO THE MOTHERS OF MENTALLY CHALLENGED CHILDREN:-

Crockett (2008) conducted a study to examine the effects of an intensive parent training programme on the acquisition & generalization of discrete trial teaching (DTT) procedures with two parents of children with autism. In this program, parents followed the DTT procedures to teach four different functional skills to their children. The author utilizing instruction, demonstrations, role-play & practice with feedback. Parents use of DTT. Skills & children correct & incorrect responding were measured. Result showed that each parent extended her use of DTT procedures across untrained & topographically different child care skills.

Maura et al., (2008) conduced a study to assess the life skill training to mothers of handicapped children. The life skills training intervention given to 230 mothers of children with a variety of developmental disabilities. The study's design evaluated the effects of a skills-building method developed to improve coping and social support networks of mothers of handicapped children. In groups of 10-12, mothers of handicapped children participated in one of two intervention groups, a

skills-building intervention or a comparison treatment intervention using traditional counseling methods. At posttest assessment participants in the skills-building sessions demonstrated improved coping and communication skills, greater satisfaction with social support networks, and a reduction in depression and stress levels.

María & Javier (2008) assessed parents training effects on self-help skills programme with Down's syndrome babies. Evaluation of self-help early intervention programme was done with two types of training with the parents. As a first step the parents learned the training programme from observing the clinician, and in the second step the parents were taught self-help skills through described instructions. A sample of 16 Down syndrome babies was used. The analyses of the result established positive changes. This shows the effect of skill training to the parents of mentally challenged children.

Mehta et al., (2006) conducted a study to assess the behavioral training, for mothers of mentally challenged children on self-help skills. In the present study, the mothers of mentally handicapped children aged between 3 1/2 and 8 years were 37, with an IQ of less than 70, were trained in behavioral techniques such as shaping, task analysis, prompting, and modeling, to develop independent self-help functioning in their children.The findings showed that 32% of mothers were reported complete skill learning.

Tongue (2006) conducted a study to assess the effects on parental mental health on education & skill training pragramme for parents of young children with autism. Two metropolitan & two rural regions were randomly allocated to

intervention groups (n= 70) or control (n=35). They were given 20 – week manual based parent education & skill training programme. Result showed that significant & progressive improvement in mental health.

Brightman et al., (2002) attempted to assess the effectiveness of alternative parent training formats. Alternative training formats were compared with parents of retarded children to teach self-help skills and manage problem behaviors. Sixty-six families with the severely retarded children ages group between 3-13 were assigned for 3 months to group parent training (n = 37), individual parent training (n = 16), or delayed training control (n = 13).Effectiveness were measured before and after training : (1) parent knowledge had improved, (2) a behavior sample of parent teaching, and (3) child self-help skills and behavior problems. Trained families had gained than control families on parent measures but not on the child self-help skill measure. Both the families had identical gains. After 6-month follow-up, both the group continued to show equal performance.

Diggle & mcconachie (2003) conducted a study on parent mediated early intervention for young children with autism spectrum disorder. The goal was to determine the extent of the treatment of children aged 1 year to 6 years, 11 months with autistic spectrum disorder. It aimed to assess the effect of interventions in terms of the benefits of both children & their parents. The result of the intensive intervention (involving parents, but primarily delivered by professionals) was associated with better child outcome for parents mediated early intervention.

Huynen & lutzder (2000) stated that planned activities training given to mothers of mentally challenged.It was evaluated with the four mothers of children

with developmental disabilities, including autism, Down Syndrome, and ADHD. This techniques produced marked improvements in mother and child behavior. Mothers' appropriate behavior increased from 25% to 40%. Improvements in child behavior ranged from 20% to more than 50%. Intervention gains were maintained at 1, 3, and 6 months. These results findings showed that PAT is a useful technique for promoting durable generalization of mother-child skills.

Baker & Brighman (2000) conducted the study to examine the outcome in a group behavior modification training program for parents of developmentally disabled children.15 mothers were randomly assigned to either a as Teachers or as Advocates course. Behavior modifications were administered to all subjects pre and post training. Results showed the effectiveness specific to their training.

Brain & Beck (1999) in their study reported that training of parents with developmentally delayed children showed a positive attitudinal change, & the child parent interactions were improved.

CHAPTER – III

Research Methodology

The methodology of research indicates the general pattern of organizing the procedure for gathering valid & reliable data for an investigation.

The present study aim to assess the skill training on empowerment on child care skills of the mothers on mentally challenged children attending special school at madurai.

RESEARCH APPROACH

Experimental approach was used for this study .

According to Polit & Hungler (2001)

"Experimental approach is a study to explore the dimension of a phenomenon or to develop hypothesis & about the relationship phenomenon." This study aim at evaluating the effectiveness of skill training on empowerment on child care skills of mothers of mentally challenged children.

RESEARCH DESIGN:-

According to Polit and Hungler (1985) research design refers to the researchers over all plan for obtaining answers to the research question and for testing the hypothesis. The research design spells out the strategies that the researcher adapts to develop information which is accurate, objective and interpretable.

One group pretest & post test quasi experimental design was adapted for the study.

Group	Pretest	Manipulation	Posttest
One group	O_1	X	0_2

Pretest	Intervention	post test
O1	empowerment on Child care skills for mothers of mentally challenged children.	O2

O1 : Pre – assessment of the child care skills among mothers of mentally challenged children.

Intervention : Skills training to mothers of mentally challenged children.

O2 : Post assessment of mothers after giving skill training.

Independent variable – Skill training.

Dependent variable - Empowerment on activities of daily living.

SETTING OF THE STUDY

This study was conducted in Anbagam which is meant for mentally challenged children. It is situated in Race course Road at madurai. Anbagam school situated 10km away from sacred heart nursing college. The school having strength of 120 students with mild & moderately mentally challenged children & 50 students with severely challenged children. The school has the facilities of vocational training, recreation such as play therapy, handicraft, for improving motor development skills in gross motors fine motor & language training.

Another setting is shine special school for mental retarded in KK nagar at madurai. School is situated 7km away from sacred Heart nursing college. The school having strength of 50 students with mild & moderate mental retardation. 10 students with severe mental retardation the school has the facilities of vocational training, handcraft for improving motor development skills gross motor and language training.

STUDY POPULATION

According to Polit and Hungler (1985) a population is defined as a entire aggregation of cases that meets a designated set of criteria.The population of the study was mothers who are having mentally challenged children attending anbagam special school & shine special school.

SAMPLE SIZE

According to Polit and Hungler (1985) a sample consists of a subject of the entire that makes up the population.Totally 40 subjects were taken as samples. Among that 10 subjects were taken selected from shine special school special school and 30 subjects were selected from Anbagam special school .

SAMPLING TECHNIQUE

Convience sampling technique was adapted for this study. Samples were selected according to the convenience of the researcher.

CRITERIA FOR SAMPLING SELECTION.

INCLUSION CRITERIA

- Mothers who are having mentally challenged children.
- Mothers with the children age group of 2-10 years.
- Mothers who are willing to participate in the study.

EXCLUSION CRITERIA

- Mothers of children with psychiatric problems.
- Mothers of mentally challenged children with major sensory deficits.
- Mothers of mentally challenged children with physical illness.

RESEARCH TOOL

The research tool consist of two parts.

Part I

It consists of demographic characteristic of the mother (name, age ,sex, religion, education of mother, family income, type of marriage, place of residence) and demographic profile of child is name, age, sex, order of birth.

Part II

It consist of observational checklist to measure the empowerment score on child care skills for the mothers of mentally challenged children. It consists of 60

items on bathing, brushing, grooming, dressing,feeding,discipline, play activities &teaching guidance.

RATING

Done -1

Not done -0

SCORING INTERPRETATION

Adequate child care skills - 41- 60

Moderate child care skills - 21-30

Inadequate child care skills - 0-20

SCORING PROCEDURE

Response categories were given score as 1 & 0 according to the action done or not. The total score were calculated by adding the score for each of the 60 items. The maximum score was 60. A score of 41-60 indicate adequate child care skills. Score between 21-60 indicate moderate child care skills, score between 0-20 indicate inadequate child care skills to the item.

TESTING OF THE TOOL

To evaluate the content validity of the tool was submitted to experts in the field of pediatric & psychiatric nursing & medicine and with the dissertation committee of the college of nursing. They validated the tool regarding the adequacy, sequence of the content and framing of the checklist . Approval was obtained from all the experts and based on the experts suggestion the tool got its final form for the opinion & suggestion. Selection of experts was done based on their experience and clinical experts.

RELIABILITY

Interrater method was used to find out the reliability of instrument. The researcher administered the tool to the same five samples. The comparison was performed objectively by computing a reliability coefficient r=0.92. Hence the tool was highly reliable and was used for the study.

INTERVENTION

AIM:

At the end of the skill training the mother of mentally challenged children will be empowered on child care skills.

OBJECTIVES:

After the skill training the mother will be able to, demonstrate the child care skills like brushing, bathing, grooming, dressing, feeding, discipline& play activities to their mentally challenged children.

NURSING ACTION:

- Establish & maintained a trust worthy relationship. Self introduction: explained about the importance & the purpose of skill training. Before starting the training the observation of the child care skills on brushing, bathing ,grooming ,dressing ,feeding ,play activities & discipline was taken as baseline. Explained the mother that, for acquisition of these self skills, mentally challenged child needs special training. So the responsibility lies with the parents to train the mentally retarded children in the self skills like bathing, brushing etc.

- Explained the mothers about the material needed for each self help skill. Regarding bathing, trained the mother in the following steps, how to help

the child to identify his own tooth brush & applying paste on the brush, to demonstrate the brushing method, tongue cleaning & washing the face.

- Regarding bathing, showed the mother how to train the child in the following steps like oiling hair, removing clothes, washing hair, applying soap/ shampoo, rubbing washing off soap, drying hair, wiping the entire body, wearing clothes. After made the mother to do it for the child.

- Regarding grooming, demonstrated the mother how to train the child in washing the face, applying powder, combing hair, clipping nails & wiping nose. In dressing skill, showed the mother how to train the child for removing & wearing the clothes and also the techniques & methods.

- Regarding feeding skill, trained the mother how to demonstrate the child to wash the hand & eat the food. And also showed the techniques to guide the child in feedings. Regarding discipline explained the mother the techniques to train the child in good manners.

- Regarding play activities, shows the mother how to train the child to play with the toys. And also instructed & demonstrated the teaching guidelines to the mothers of mentally challenged children.

PILOT STUDY

A pilot study is a small preliminary investigation of the same general character of the main study. In order to test the feasibility, relevance & Practicability a pilot study was conducted at Anbagam with five mothers who were having mentally challenged children.

DATA COLLECTION PROCEDURE

The investigator obtained an approval from the dissertation committee & from the department heads of pediatric & psychiatric nursing to conduct the study, Then a formal permission was obtained from higher authorities of Anbagam & shine special school for mentally challenged children. The samples were the mothers of mentally challenged children & also selected conveniently. Consent were obtained from all the study samples, explained the purpose of skill training to each subjects. Good rapport was maintained with the samples. The investigator was using observational checklist to assess the child care skills among the samples. Then the skill training was given to the samples. The duration taken for each session lasted for 45 minutes. Each day the training given to three members. Two sitting with each of the samples. After 13 days the investigator did the posttest in the same manner of the pretest.

DAYS	DATA COLLECTION AREA	PROCEDURE	NO OF SAMPLES
26.05.10 to 28.05.10	Shine special school	pretest	10
29.05.10 to 05.06.10	Anbagam special school	pretest	30
06.06.10 to 08.06.10	Shine special school	Skill training	10
09.06.10 to 17.06.10	Anbagam special school	Skill training	30
18.06.10 to 20.06.10	Shine special school	postest	10
21.06.10 to 30.06.10	Anbagam special school	posttest	30

PLAN FOR DATA ANALYSIS

Plan for data analysis was done in accordance with the objectives of the study. The data obtained were analyzed using both descriptive & inferential statistics. The data were The data were organized, tabulated, summarized and analyzed. The plan for data analysis were divided as follows.

Descriptive Statistics

Mean and standard deviation were planned to be used for the analysis of data.

Inferential Statistics

Paired 't' test was planned to determine the difference between pretest and posttest empowerment score among the mothers of mentally challenged children.

"Chi–square was planned to determine the association between post test empowerment score on skill among the mothers of mentally challenged children and selected demographic variables of mother such as family income, religion type of marriage, type of education, place of residence and demographic profile of child such as age, order of birth and sex.

Protection of Human Subjects

The proposed study was conducted after the approval of dissertation committee of the college. Permission was obtained from school personnel and from the head of the departments of Sacred Heart Nursing College. Oral consent of each subject was obtained before starting the data collection. Assurance was given to them that the anonymity of each individual will be maintained.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF DATA.

This chapter deals with the description of sample, analysis and interpretation of data collected to evaluate the achievement of the objectives of the study. The data was collected and tabulated and also described as follows.

Section – I : Demographic profile of the sample

a. Frequency & percentage distribution of samples in relation to the child's demographic data

b. Frequency & percentage distribution of samples in relation to the mother's demographic data.

Section – II : Frequency & percentage distribution of samples in relation to the mother's demographic data..

Section – III : Comparison of practice scores

a. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to brushing among the mothers of mentally challenged children

b. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to bathing among the mothers of mentally challenged children.

c. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to grooming among the mothers of

mentally challenged children.

d. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to dressing among the mothers of mentally challenged children.

e. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to feeding among the mothers of mentally challenged children.

f. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to discipline of mothers of mentally challenged children.

g. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to play activities among the mothers of mentally challenged children.

h. Comparison of mean pretest and posttest empowerment score on child care skills pertaining to teaching guidance among the others of mentally challenged children.

i. Comparison of mean pretest and posttest empowerment score on child care skills among the mothers of mentally challenged children.

Section – IV : Association of posttest empowerment score on child care skills with selected demographic variables

SECTION - I

TABLE - 1
Frequency & percentage distribution of samples in relation to the child's demographic data.

Demographic Variables	Total (n=40)	
	f	%
Age in years		
2-5 years	21	57.5
6-10 years	17	42.5
Sex		
Male	23	57.5
Female	17	42.5
Birth Order		
First	18	45
Second	11	27.5
Third and above	11	27.5

Table 1 shows that the demographic variables of the children. In the group out of 40 children 21 (57.5%) were between the age of 2-5years, 17 (42.5%) were between the age of 6-10 years.

Regarding the sex in the group out of 40, 23 (57.5.%) were male and 17 (42.5%) were female.

Regarding the birth order in the group out of 40 children ,18 (45%) were first born child, 11 (27.5%) were second born child, 11 (27.5%) were third born child and above.

Frequency and percentage distribution of samples in relation to age of the child.

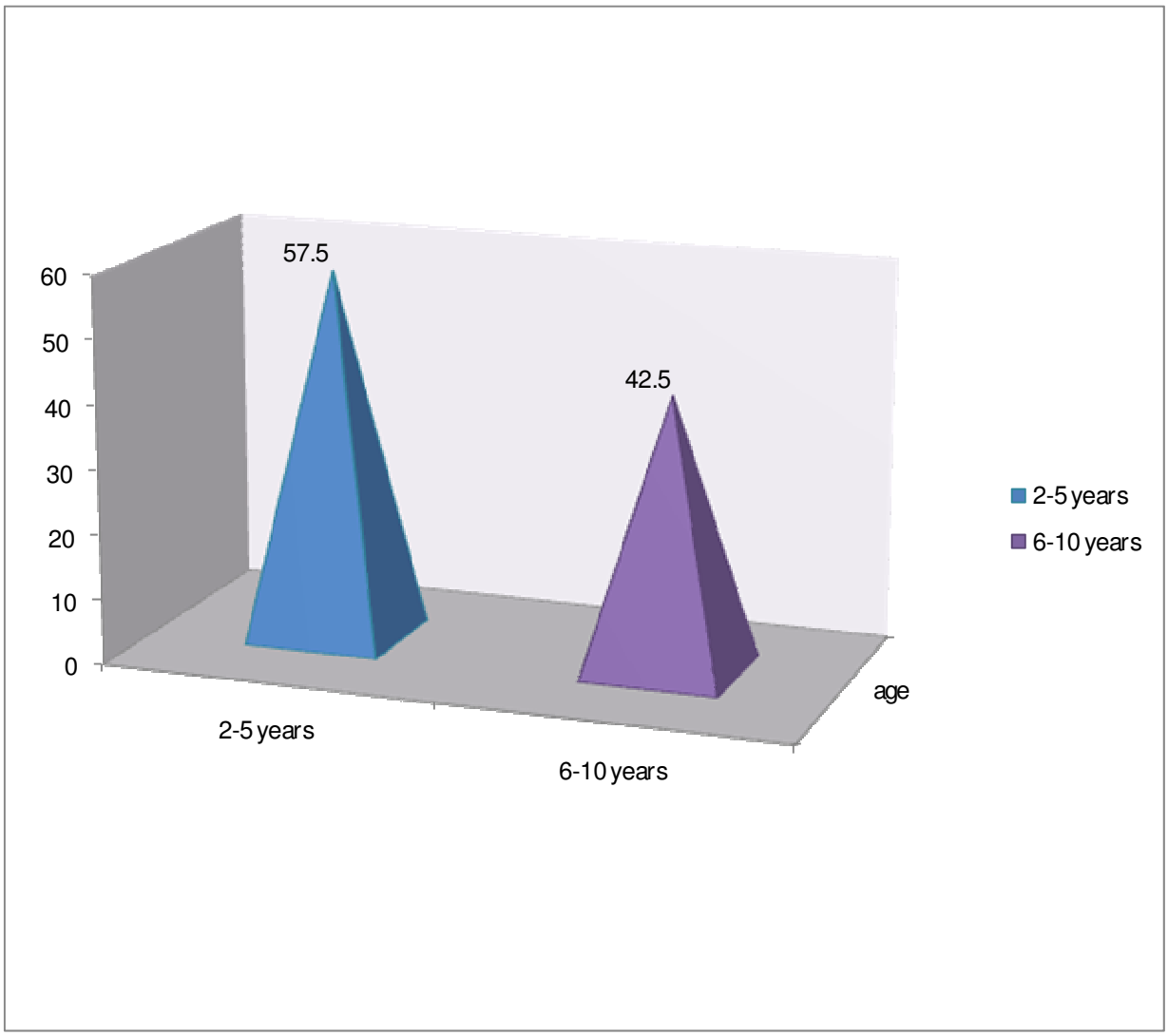

Figure-2

TABLE - 2

Frequency & percentage distribution of samples in relation to the Mother's demographic data.

Demographic Variables	Total (n=40)	
	f	%
Family Income		
Rs.1000-2000	13	32.5
Rs.2000-3000	14	35
Rs.3001 and above	13	32.5
EDUCATION		
Educated	16	40
Uneducated	24	60
Type of Marriage		
Non-consanguine	21	52.5
Consanguine	19	47.5
Religion		
Christian	10	25
Hindu	19	47.5
Muslim	11	27.5
Place of Residence		
Urban	24	60
Rural	16	40

Table 2 shows that the demographic variables of the mother. Considering the family income, in the group 13 (32.5%) had Rs.1000-2000, 14 (35%) had Rs.2001-3000 and 13(32.5%) had Rs.3001 and above .

Regarding the education of mother, in the group 16 (40%) were educated , 24 (60%) were uneducated.

Regarding the type of marriage, in the group 19 (47.5%) were non-consanguine marriage, 21 (52,5%) were consanguine marriage.

Regarding the religion in the group 10 (25%) were Christians, 19 (47.5%) were Hindus, 11 (27.5%) were Muslims.

Regarding the place of residence, in the group 24 (60%) were from urban, 16(40%) were from rural.

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLES IN RELATION TO RELIGION OF MOTHER.

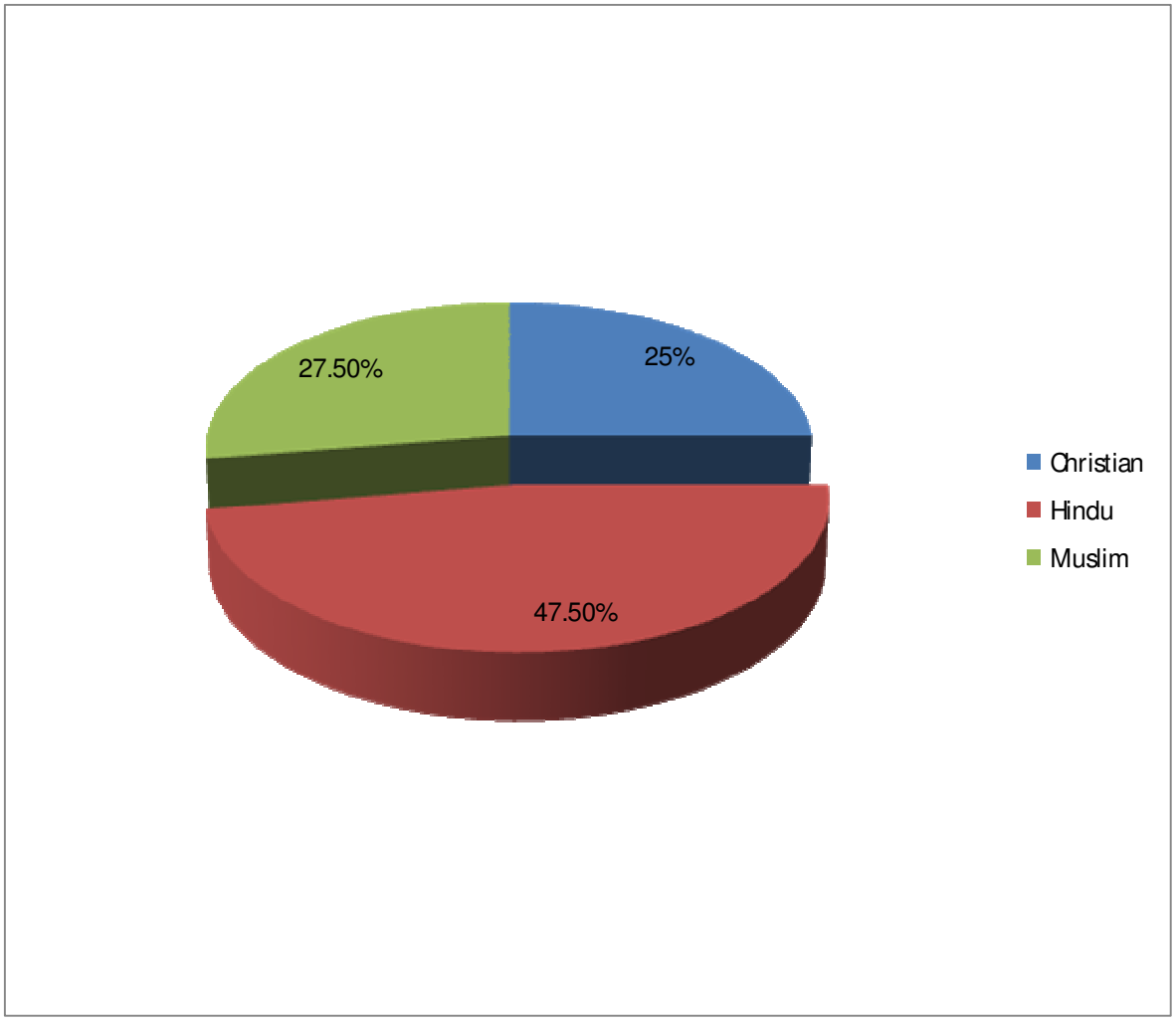

Figure 3

SECTION-II

TABLE – 3

Comparison of practice scores

Frequency & percentage distribution of samples on the basis of pretest and posttest level of empowerment score on child care skills among the mothers of mentally challenged children.

EMPOWERMENT SCORE	Pretest (n=40)		Posttest (n=4v0)	
	F	%	f	%
Adequate child care skills	0	0	35	87.5
Moderate child care skills	29	72.5	5	12.5
Inadequate child care skills	11	27.5	0	0
Total	**40**	**100**	**40**	**100**

From the table 2 it can be inferred that in the pretest 11 (27.5%) out of 40 samples had inadequate child care skills,29 (72.5%) had moderate child care skill and where as none of them had adequate child care skill regarding caring of mentally challenged children .In posttest none of them had inadequate child care skill, where as 5 (12.5%) had moderate child care skill and 35 (87.5%) out of 40 had adequate child care skill.

This shows there is a marked difference between the pretest score and posttest score and it may be due to the effect of skill training.

COMPARISION OF EMPOWERMENT SCORE ON FREQUENCY AND PERCENTAGE DISTRIBUTION ON THE BASIS OF PRE TEST,POST TEST LEVEL OF SKILL TRAINING AMONG THE MOTHERS OF MENTALLY CHALLENGED CHILDREN.

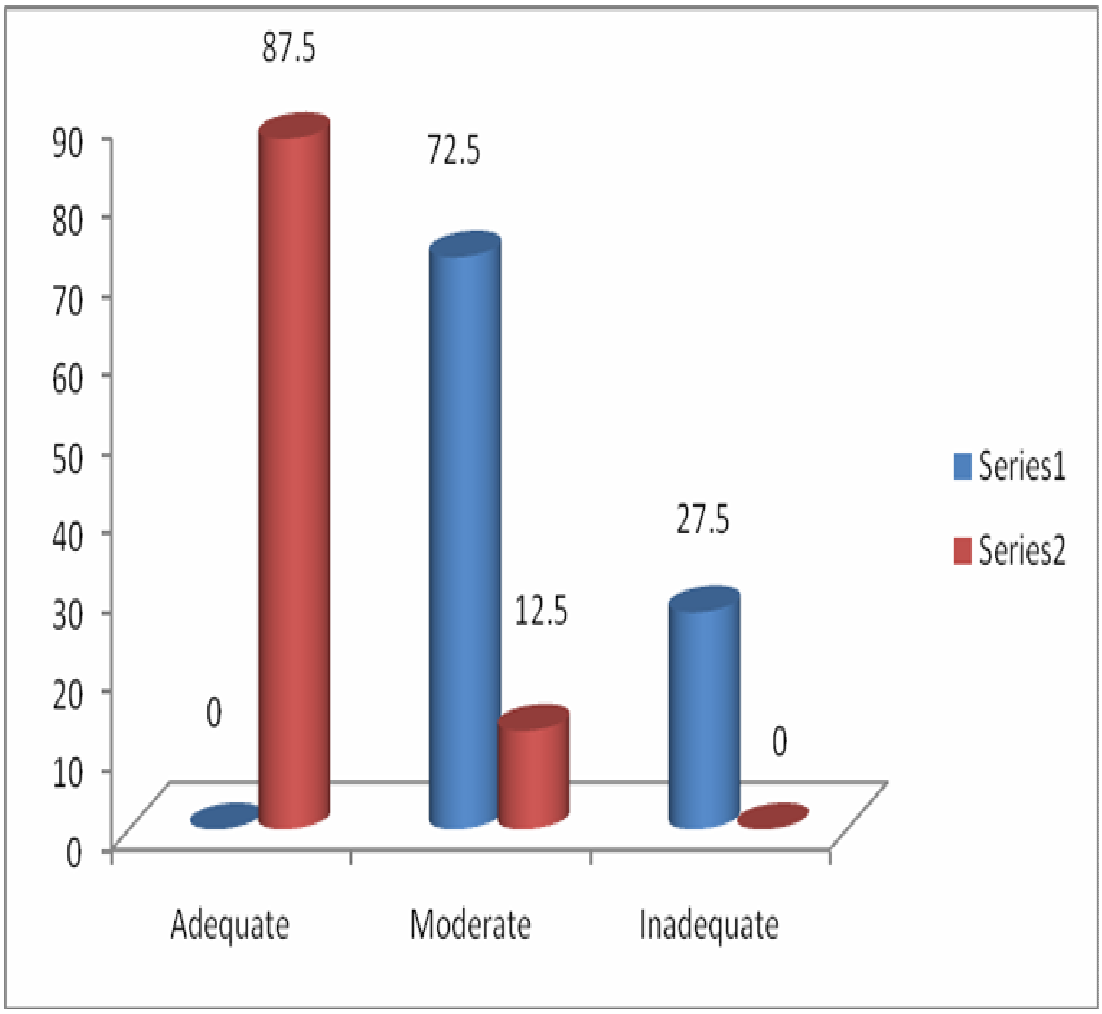

Figure 4

Section – III

TABLE - 4 (a)

.

Comparison of mean pretest and posttest empowerment score on child care skills pertaining to brushing among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' value
Pretest	40	1.7	0.58	t=7.06*	0.05
Posttest	40	4.7	0.89		

***Significance at 0.05 level**

In order to test the significance of difference between the mean pretest and post test empowerment score on child care skills, the following null hypothesis was stated.

There will be significant differences between the mean pretest and mean posttest empowerment score on child care skill pertaining to brushing among mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skill pertaining to brushing (4.7) which is higher than mean pretest empowerment score on child care skill (1.7). 't' test was computed and the obtained 't' value of 7.06 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

COMPARISONS OF MEAN PRE TEST AND POST TEST EMPOWERMENT SCORE ON BRUSHING AMONG MENTALLY CHALLENGED CHILDREN.

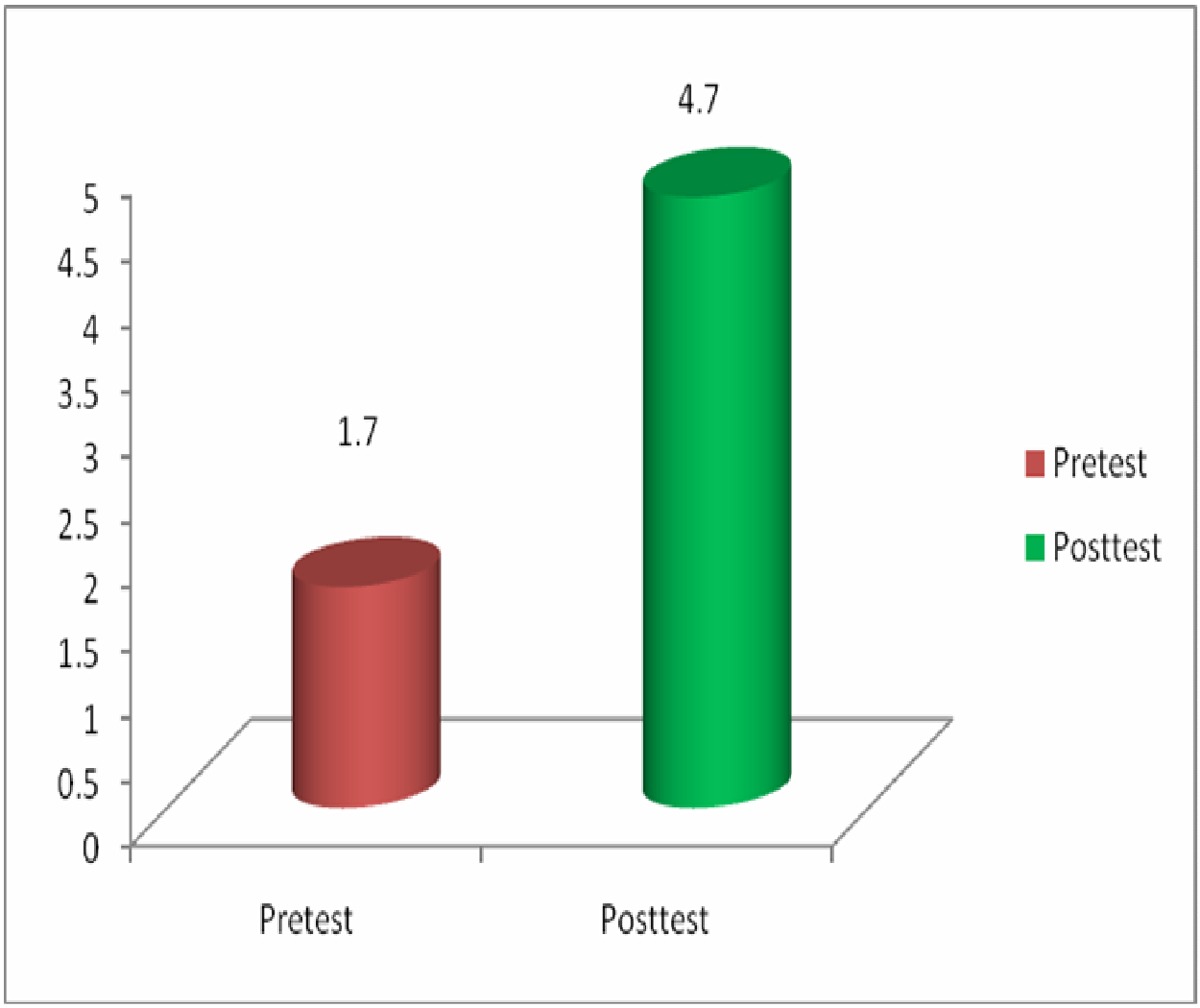

Figure 5

TABLE- 4 (b)

Comparison of mean pretest and posttest empowerment score on child care skills pertaining to bathing among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' Value
Pretest	40	2.5	0.97	t=23.08*	0.05
Posttest	40	5.3	1.14		

***Significance at 0.05 level**

In order to test the significance of difference between the mean pretest and Posttest empowerment score on child care skill, the following null hypothesis was stated.

There will be significant differences between the mean pretest and mean posttest empowerment score on child care skill pertaining to bathing among the mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skills pertaining to brushing (5.3) which is higher than mean pretest empowerment score on child care skill (2.5). 't' test was computed and the obtained 't' value of 23.08 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

COMPARISONS OF MEAN PRE TEST AND POST TEST EMPOWERMENT SCORE ON BATHING AMONG MENTALLY CHALLENGED CHILDREN

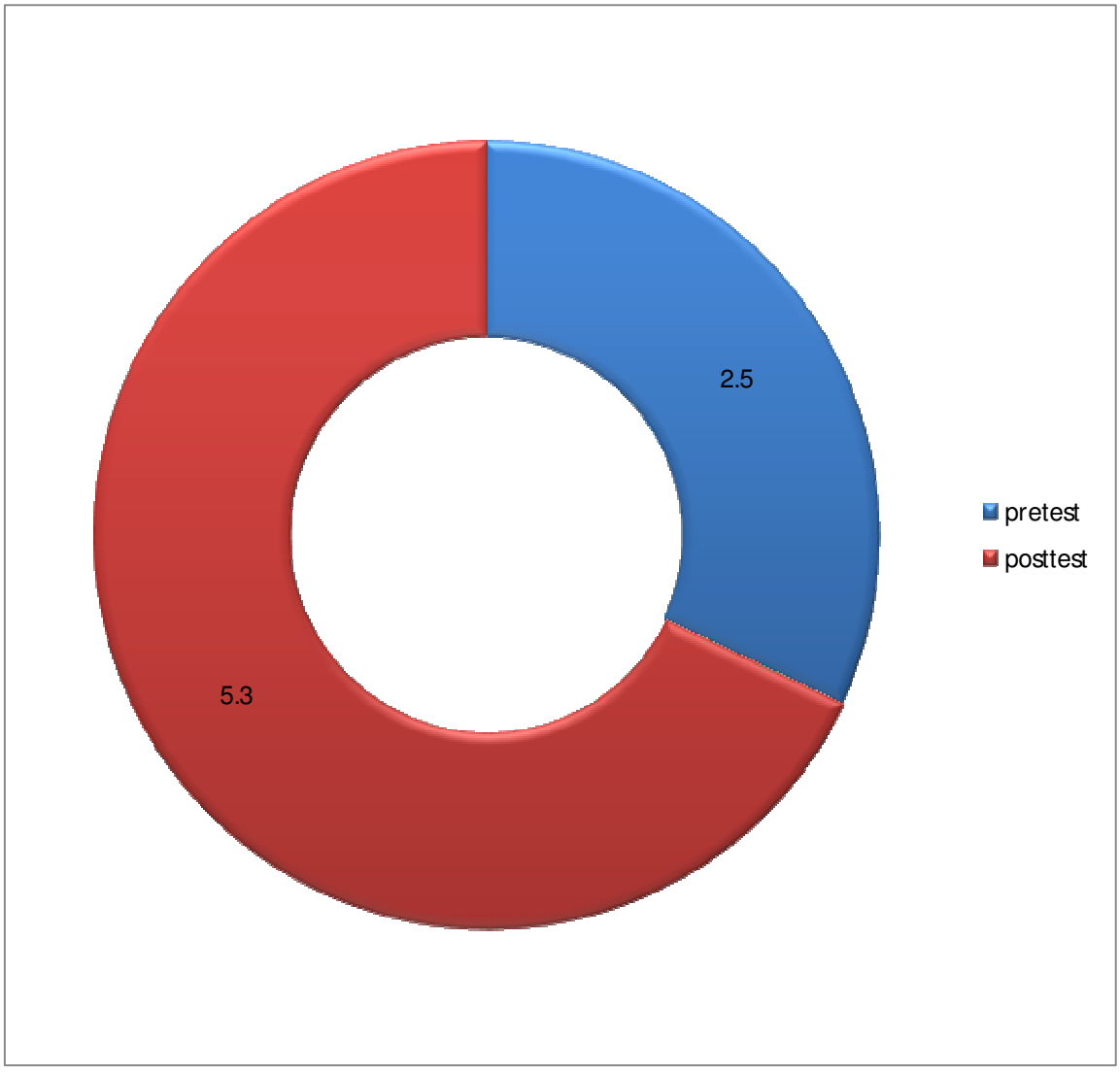

Figure 6

TABLE – 4(c)
Comparison of mean pretest and posttest empowerment score on child care skills pertaining to grooming among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' Value
Pretest	40	2.47	0.38	t=15.88*	0.05
Posttest	40	5.15	0.92		

*__Significance at 0.05 level__

In order to test the significance of difference between the mean pretest and Posttest empowerment score on child care skills, the following null hypothesis was stated.

There will be significant differences between the mean pretest empowerment Score and mean posttest empowerment score on child care skills pertaining to grooming among mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skills pertaining to grooming (5.15) which is higher than mean pretest empowerment score on child care skills (2.47). 't' test was computed and the obtained 't' value of 15.88 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

COMPARISONS OF MEAN PRE TEST AND POST TEST EMPOWERMENT SCORE ON GROOMING AMONG MENTALLY CHALLENGED CHILDREN

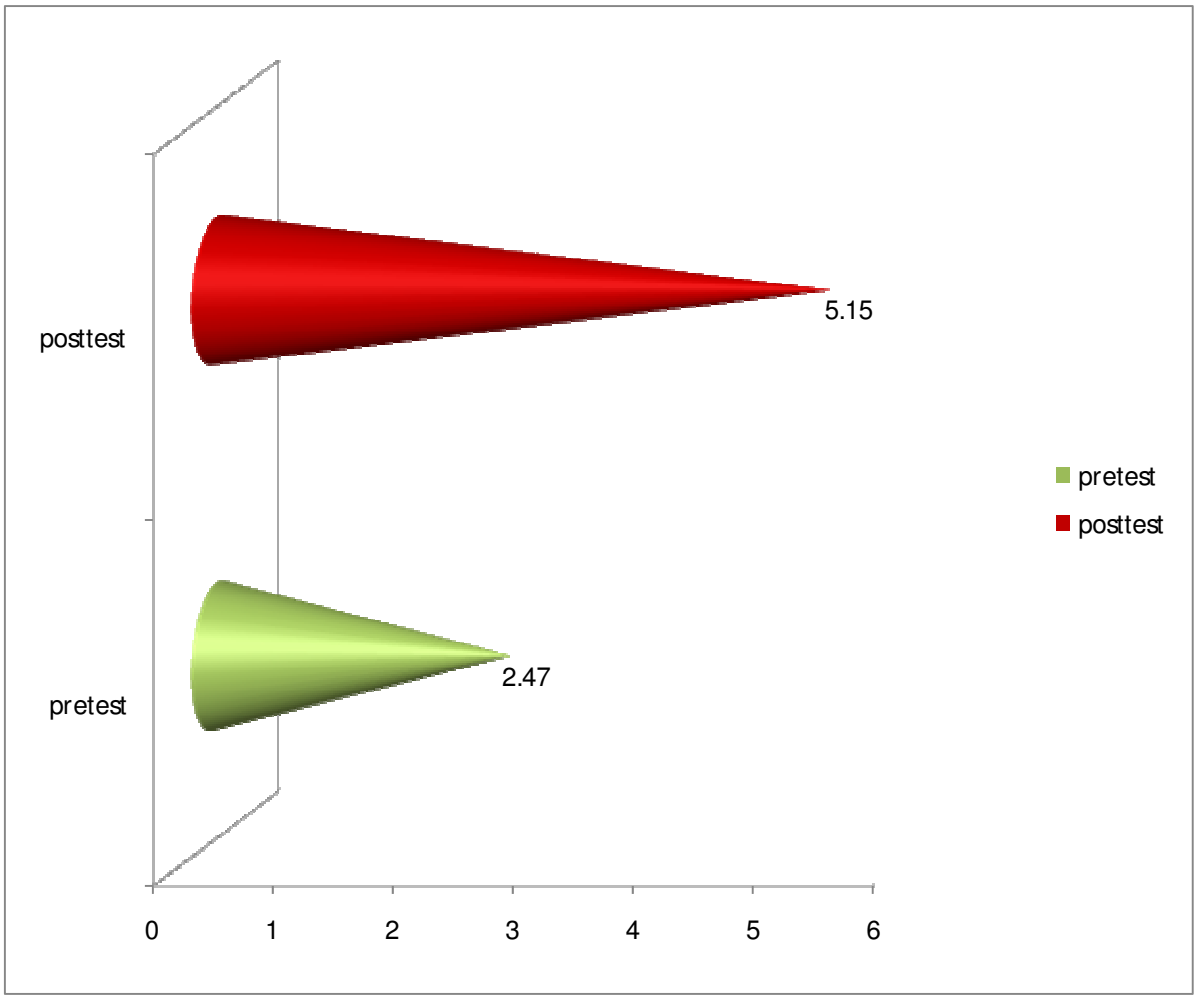

Figure 7

TABLE – 4(d)

Comparison of mean pretest and posttest empowerment score on child care skills pertaining to dressing among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' Value
Pretest	40	1.67	0.62	T=34.50*	0.05
Posttest	40	3.77	0.83		

***Significance at 0.05 level**

In order to test the significance of difference between the mean pretest and Posttest empowerment score on child care skills , the following null hypothesis was stated.

There will be significant differences between the mean pretest empowerment

Score and mean posttest empowerment score on child care skills pertaining to dressing among the mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skills pertaining to dressing (3.77) which is higher than mean pretest score on child care skills (1.67). 't' test was computed and the obtained 't' value of 34.50 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

COMPARISONS OF MEAN PRE TEST AND POST TEST EMPOWERMENT SCORE ON DRESSING AMONG MENTALLY CHALLENGED CHILDREN

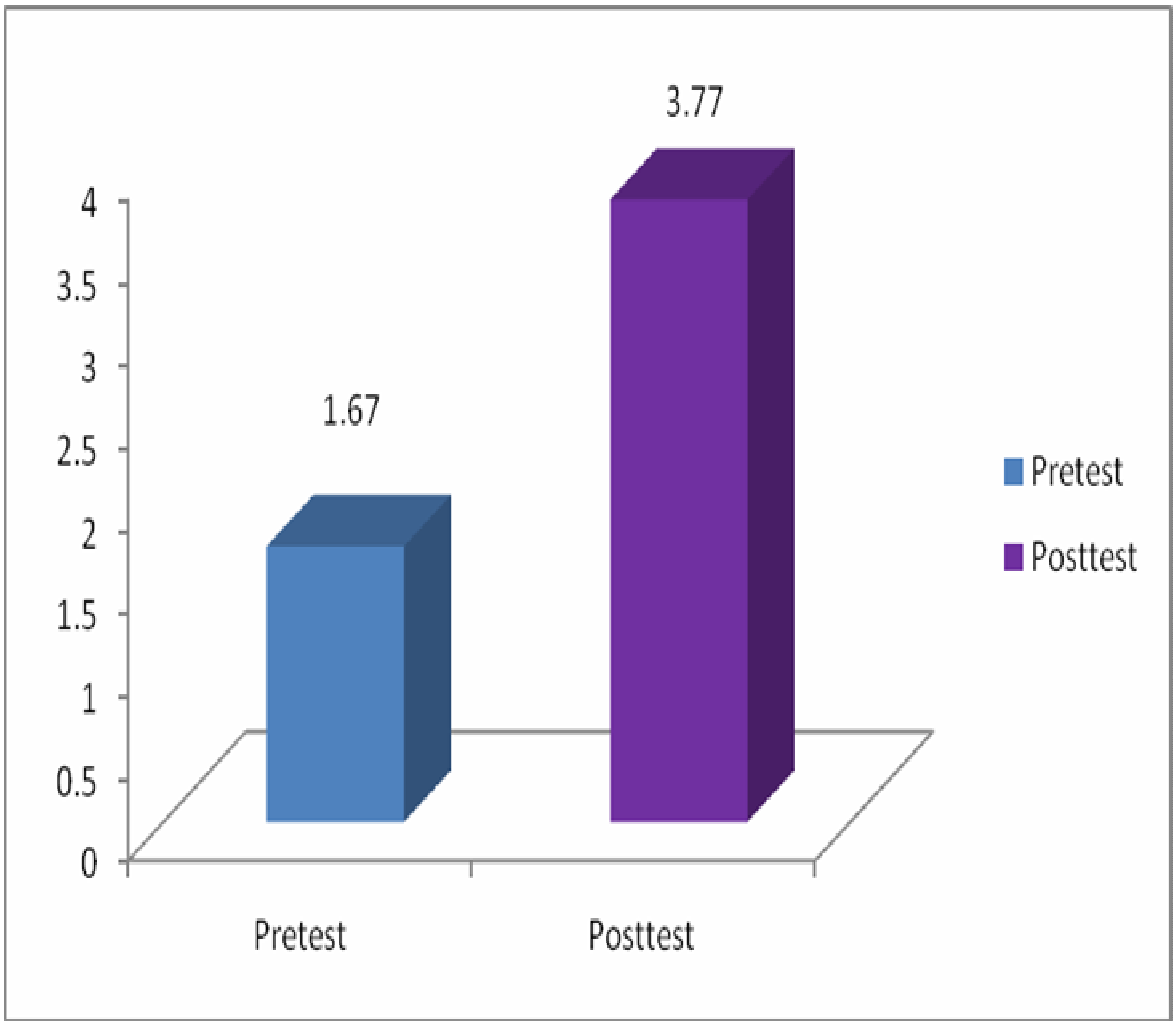

Figure 8

TABLE – 4(e)

Comparison of mean pretest and posttest empowerment score on child care skills pertaining to feeding among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' Value
Pretest	40	6.3	1.67	T=47.22*	0.05
Posttest	40	14.3	14.09		

Significance at 0.05 level

In order to test the significance of difference between the mean pretest and posttest empowerment score, the following null hypothesis was stated.

There will be significant differences between the mean pretest empowerment

Score and mean posttest empowerment score pertaining to feeding among the mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skills pertaining to feeding (14.3) which is higher than mean pretest empowerment score on child care skills of (6.3). 't' test was computed and the obtained 't' value of 47.22 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

TABLE – 4(f)

Comparison of mean pretest and posttest empowerment score on child care skills pertaining to discipline among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' Value
Pretest	40	2.6	0.83	T=6.42*	0.05
Posttest	40	5.7	1.64		

*Significance at 0.05 level

In order to test the significance of difference between the mean pretest and Posttest empowerment score on child care skills, the following null hypothesis was stated.

There will be significant differences between the mean pretest and mean posttest empowerment score on child care skills pertaining to discipline among the mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skills pertaining to discipline (5.7) which is higher than mean pretest score on child care skills (2.6). 't' test was computed and the obtained 't' value of 6.42 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

TABLE – 4(g)

Comparison of mean pretest and posttest empowerment score on child care skills pertaining to play activities among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' Value
Pretest	40	2.4	0.63	T=16.19*	0.05
Posttest	40	5.8	5.5		

*__Significance at 0.05 level__

In order to test the significance of difference between the mean pretest and Posttest empowerment score on child care skills, the following null hypothesis was stated.

There will be significant differences between the mean pretest empowerment

Score and mean posttest empowerment score on child care skills pertaining to play

activities among the mothers of mentally challenged children.

The above table shows the mean posttest practice score on child care skills

pertaining to play activities (5.8) which is higher than mean pretest score on child care skills of (2.4). 't' test was computed and the obtained 't' value of 16.99 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

TABLE – 4(h)

Comparison of mean pretest and posttest empowerment score on child care skills pertaining to teaching guidelines among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	'P' Value
Pretest	40	2.5	1.00	T=15.07*	0.05
Posttest	40	6.6	1.67		

***Significance at 0.05 level**

In order to test the significance of difference between the mean pretest and posttest score on child care skills, the following null hypothesis was stated.

There will be significant differences between the mean pretest and mean posttest empowerment score on child care skills pertaining to teaching guidelines among the mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skills pertaining to teaching guidelines (6.6) which is higher than mean pretest score on child care skills (2..5). 't' test was computed and the computed the obtained 't' value of 15.07 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

TABLE – 4(i)

Comparison of mean pretest and posttest empowerment score on child care skills among the mothers of mentally challenged children.

Groups	N	Mean	SD	't' value	' P' Value
Pretest	40	22.35	2.72	T=21.66*	0.05
Posttest	40	51.22	5.94		

***Significance at 0.05 level**

In order to test the significance of difference between the mean pretest and post test empowerment score on child care skills , the following null hypothesis was stated.

There will be significant differences between the mean pretest and mean posttest empowerment score on child care skills pertaining to teaching guidelines among the mothers of mentally challenged children.

The above table shows the mean posttest empowerment score on child care skills (51.22) which is higher than mean pretest empowerment score on child care skills (22.35) which is. 't' test was computed and the obtained 't' value of 21.66 was significant at 0.05 level. The calculated value is higher than the table value. So the researcher rejects the null hypothesis and accepts the research hypothesis.

Section – IV

TABLE - 5

Association of posttest empowerment score on child care skills with selected demographic variables.

Demographic Variables (Child)	N	Empowerment score		df	χ^2 value	'P' Value
		Above mean	Below mean			
Age in years						
2-5 years	23	13	10	df=2	0.15 #	0.05
6-10 years	17	11	6			
Sex						
Male	23	15	8	df=1	0,03#	0.05
Female	17	10	7			
Birth Order						
First	18	13	5	df=2	1.31#	0.05
Second	11	6	5			
Third and above	11	6	5			

Demographic Variables (Mother)	N	Empowerment score		df	χ^2 value	'P' Value
		Above mean	Below mean			
Family Income						
Rs.1000-2000	13	7	5	df=3	0.174#	0.05
Rs.2000-3000	14	9	5			
Rs.3001 & above	13	8	5			
EDUCATIONAL STATUS						
Educated	16	7	9	df=2	O.155#	0.05
Uneducated	24	9	15			
Type of Marriage						
Non-consanguine	21	12	9	df=2	1.132#	0.05
Consanguine	19	14	5			
Religion						
Christian	19	14	5	df=3	1.973 #	0.05
Hindu	10	5	5			
Muslim	11	6	5			
Place of Residence						
Urban	24	18	6	df=2	0.713#	0.05
Rural	16	10	6			

Not significant at 0.05 level

* Significant at 0.05 level

Table 1V shows, whether there is any association between the posttest empowerment score on child care skills and the demographic variables. The null hypothesis was stated as follows.

There will be no significant association between the empowerment score on child care skills and demographic variables such as age, sex and birth order of child and family income, type of marriage and religion of mother.

In order to find out the association between the empowerment score on child care skills and age of child, the chi-square was computed and obtained χ^2 value 0.15 at df (2) which was no significant at 0.05 level. This shows that there was not association between the age of child and empowerment score on child care skills.

In order to find out the association between the sex of the child and empowerment score on child care skills the chi-square was computed. The obtained χ^2 value was 0.03 at df (1) which was noy significant at 0.05 level. This shows that there was no association between the sex of the child and empowerment score on child care skill.

In order to find out association between birth order and empowerment score on child care skills the chi-square was computed. The obtained χ^2 value was 1.31 df (2) which was not significant at 0.05 level. This shows that there was no association between the birth order of child and empowerment score on child care skills.

In order to find out association between the family income and empowerment score on child care skills the chi-square was computed. The obtained χ^2 value was 0.174 at df (2) which was not significant at 0.05 level. This shows that there was no association between the family income and empowerment score on child care skills.

In order to find out the association between the type of marriage of mother and empowerment score on child care skills the chi-squ are was computed. The obtained χ^2 value was 1.132 at df (2) which was not significant at 0.05 level. This shows that there was no association between the type of marriage and empowerment score on child care skills

In order to find out the association between the religion of mother and empowerment score on child care skills the chi- square was computed. The obtained χ^2 value was 1.973 at df (3) which was not significant at 0.05 level. This shows that there was no association between the religion of the mother and empowerment score on child care skills.

In order to find out the association between the place of residence of mother and empowerment score on child care skills the chi-square was computed. The obtained χ^2 value was 0.713 at df (1) which was not significant at 0.05 level. This shows that there was no association between the place of residence of mother and empowerment score on child care skills.

In order to find out the association between the education of mother and empowerment score on child care skills the chi-square was computed. The obtained χ^2 value was 0.155 at df (1) which was not significant at 0.05 level. This shows that there was no association between the place of residence of mother and empowerment score on child care skills.

With regard to skill training and age of child, sex of child ,birth order of child, family income, type of marriage of mother and religion of mother, place of residence ,type of education. there was no association. So the researcher accepts the null hypotheses and reject the research hypotheses.

Summary This chapter dealt with interpretation of data through descriptive and inferential statistics.

CHAPTER – V

DISCUSSION

Skill deficiency is an inevitable & wide spread problem in the mentally challenged children population. Although learned effortlessly by other, more intelligent children, the acquisition of self help skills is a crucial aspect of the overall development mentally challenged children. Recognition of this fact has led considerable efforts to develop methods for teaching independent self help functioning. The efficacy of parents as teachers for their own mentally challenged children to train self help skills such as feeding, bathing, grooming, dressing, to make them to live independently in these skills.

The aim of this study was to evaluate the effectiveness of skill training on empowerment of child care skills among the mothers of mentally challenged children. The study findings are discussed in this chapter with reference to the objectives, the framework and hypothesis stated in the Chapter I.

THE DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

- The study findings shows that 21 (57.5%) children were between the age of

  2-5years, 17 (42.5%) children were between the age of 6-10 years..
- The study findings shows that 23 (57.5.%) children were male and 11 (42.5%) children were female.
- Regarding the birth order ,18 (45%) were first born child, 11 (27.5%)

were second born child, 11 (27.5%) were third born child and above.

- Regarding the family income, 13 (32.5%) had Rs.1000-2000, 14 (35%) had Rs.2001-3000 and 13(32.5%) had Rs.3001 and above .
- Regarding the education of mother, 16 (40%) were educated , 24 (60%) were uneducated.
- Regarding the type of marriage, 19 (47.5%) were non-consanguineous marriage, 21 (52,5%) were consanguineous marriage
- Regarding the religion 10 (25%) were Christians, 19 (47.5%) were Hindus, 11 (27.5%) were Muslims.
- Regarding the place of residence, 24 (60%) were from urban, 16(40%) were from rural.

The first objective of the study was to find out the level of empowerment on child care skills among mothers of mentally challenged children before & after skill training in activities of daily living.

The tool used for study is to find out the level of empowerment on child care skills among the mothers of mentally challenged children before & after skill training.

The data presented in table -3 shows that level of empowerment score on child care skill in the pretest among the mothers of mentally challenged children . In this group which showed 11(27.5) out of 40 samples had inadequate child care skills, 29(72.55) had moderate child care skills & where as

none of them had adequate child care skills regarding caring of mentally challenged children.

The above findings are supported by the study done by Feldman et al., (2000) to assess effectiveness of teaching child-care skills to mothers with developmental disabilities. The study identify that child-care skill deficits in parents with developmental disabilities, so to reduce the risk of child neglect. The training given to the 11 mothers with developmental disabilities. Parent training resulted in rapid acquisition and maintenance of child-care skills in all mothers. Parent training was given benefits to the children.

During the observations many mothers expressed that, once it is diagnosed as mental retardation, nothing can be done to improve the child and child has to be dependent on others through their life. Majority of them never know that there are training programme available for the children and these children can be helped to acquire self help skills to meet their need.

The data presented in table -3 showed the level of empowerment score on child care skill in the posttest among the mothers of mentally challenged children In this group which showed that none of them had inadequate child care skills, where as 5(12.5%) had moderate child care skills & 35(87.5%) out of 40 had adequate child care skills.

The above findings supported by the study done by Brightman et al., (2002) to assess the effectiveness of alternative parent training formats. Alternative training formats were compared for parents of retarded children to teach self-help skills and manage problem behaviors. Sixty-six families with the severely retarded children ages group between 3-13 were assigned for 3 months to group parent

training (n = 37), individual parent training (n = 16), or delayed training control (n = 13).Effectiveness were measured before and after training : (1) parent knowledge had improved, (2) a behavior sample of parent teaching, and (3) child self-help skills and behavior problems. Trained families had gained than control families on parent measures. Both the families had identical gains. After 6-month follow-up, both the group continued to show equal performance. Group training requires about half the professional time per family as individual training, and therefore seems a more cost-effective.

The above findings was also supported by the study done by .Mehta et al., (2006) to assess the behavioral training, for mothers of mentally challenged children on self-help skills. In the present study, the mothers of mentally handicapped children aged between 3 1/2 and 8 years were 37, with an IQ of less than 70, were trained in behavioral techniques such as shaping, task analysis, prompting, and modeling, to develop independent self-help functioning in their children. 32% of mothers were reported complete skill learning.

The second objectives was to evaluate the effectiveness of skill training in activities of daily living in terms of child care skills among mothers of mentally challenged children.

TABLE-4a showed that the mean empowerment posttest score on child care skills pertaining to brushing(4.7). which was higher than the mean pretest empowerment score on child care skills (1.7) . which was significant at 0.05 level. The difference between the mean was 7.06 a true difference occurs due to the effect of skill training.

TABLE- 4b showed that the mean empowerment score on child care skills pertaining to bathing (5.3) which was higher than the mean pretest empowerment score on child care skills (2.5) . which was significant at 0.05 level. The difference between the mean was 23.08 a true difference occurs due to the effect of skill training

TABLE-4c showed that the mean posttest empowerment score on child care skills pertaining to grooming (5.15) which was higher than the mean pretest empowerment score on child care skills (2.47) . which was significant at 0.05 level. The

difference between the mean was 15.88 a true difference occurs due to the effect of skill training.

TABLE-4d showed that the mean posttest empowerment score on child care skills pertaining to dressing (3.77), which was higher than the mean pretest empowerment score on child care skills (1.67). which was significant at 0.05 level. The difference between the mean was 34.50 a true difference occurs due to the effect of skill training.

TABLE-4E showed that the mean posttest empowerment score on child care skills pertaining to feeding (14.3), which was higher than the mean pretest empowerment score on child care skills (6.3). which was significant at 0.05 level. The difference between the mean was 47.22 a true difference occurs due to the effect of skill training.

TABLE-4F showed that the mean posttest empowerment score on child care skills pertaining to discipline (5.7), which was higher than the mean pretest empowerment score on child care skills (2.3). which was significant at 0.05 level.

The difference between the mean was 6.42 a true difference occurs due to the effect of skill training.

TABLE-4G showed that the mean posttest empowerment score on child care skills pertaining to play activities (5.8), which was higher than the mean pretest empowerment score on child care skills (2.4). which was significant at 0.05 level. The difference between the mean was 6.19 a true difference occurs due to the effect of skill training.

TABLE-4H showed that the mean posttest empowerment score on child care skills pertaining to teaching guidelines (6.6), which was higher than the mean pretest empowerment score on child care skills (2.5). which was significant at 0.05 level. The difference between the mean was 15.07 a true difference occurs due to the effect of skill training.

TABLE-4I showed that the mean posttest empowerment score on child care skills (51.22) which was higher than the mean pretest empowerment score on child care skills (22.5). which was significant at 0.05 level. The difference between the mean was 28.87 a true difference occurs due to the effect of skill training.

The above findings were supported by the study done by Maura et al.,(2008) to assess the life skill training to mothers of handicapped children The life skills training intervention given to 230 mothers of children with a variety of developmental disabilities. The study's design evaluated the effects of a skills-building method developed to improve coping and social support networks of mothers of handicapped children. In groups of 10-12, mothers of handicapped

children participated in one of two intervention groups, a skills-building intervention or a comparison treatment intervention using traditional counseling methods. At posttest assessment participants in the skills-building sessions demonstrated improved coping and communication skills, greater satisfaction with social support networks, and a reduction in depression and stress levels.

The above findings were also supported by the study done by Robbins ,& Dunlap (2004) assessed the effects of task difficulty on parent teaching skills and behavior problems of young children with autism. Mothers were assessed through a program of skill training and family support. Mother's teaching skills was evaluated results shows that the teaching skill were improved and the behavioral problems reduced & also the difficulty of the task was related to behavior problems and teaching skills.

The above findings were also supported by the study done María et al.,(2008) conducted the study to assess parents' training effects on self-help skills programme with Down's syndrome babies. Evaluation of self-help early intervention programme was done with two types of training with the parents. As a first step the parents learned the training programme from observing the clinician, and in the second step the parents were taught self-help skills through described instructions. A sample of 16 Down syndrome babies was used. The analyses of the result established positive changes. This shows the effect of skill training to the parents of mentally challenged children.

The third objectives of this study was to determine the associationwas between the posttest empowerment score on skill trainning among the mothers of mentally challenged children & demographic variables of mothers (family income, religion, type of marriage, education of mother ,place of residence) and demographic profile of child (age, sex, birth order).

Table 5 showed, whether there is any association between the posttest empowerment score on child care skill among mothers of mentally challenged children & demographic variables. The null hypothesis was stated as follows.

In order to find out the association between the selected demographic variables and posttest empowerment score on child care skill among the mothers of mentally challenged children chi-square was computed. There was no significance association between demographic variables like age, sex, birth order of child, type of marriage and religion of mother ,family income, place of residence, education of mother. The computed chi-square value are 0.15 df (2), 0.03 df (2), 1.31 df (3), 1.132 df (2), 1.973 df (3) , 0.174 df (2), 0.713 df (2), o.155 df (2)was not significant at 0.05 level.

From this finding it may be concluded that posttest empowerment score on child care skill among the mothers of mentally challenged children is not depending up on the age, sex and birth order of the child and family income, type of marriage and religion ,education of the mother , place of residence.

The above findings was supported by the study done by Baker & Brightman (2000) to examine the specificity of outcome in a group behavior modification training program for parents of developmentally disabled children.15

mothers were randomly assigned to either a as Teachers or as Advocates course. Behavior modification were administered to all subjects pre and post training. Result showed effectiveness on specific training.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter deals with the summary of the study and conclusions. It clarifies the implications for nursing practice and recommendations for further research in the field.

SUMMARY OF THE STUDY

This study was undertaken to evaluate the effectiveness of skill training on empowerment of child care skills among the mothers of mentally challenged children attending in selected centers at Madurai.

OBJECTIVES OF THE STUDY

- To find out the level of empowerment on child care skills among mothers of mentally challenged children before & after skill training in activities of daily living.
- To evaluate the effectiveness of skill training in activities of daily living in terms of child care skills among mothers of mentally challenged children.
- To determine the association between posttest empowerment on child care skills score among mothers of mentally challenged children & selected demographic variables of mothers (family income, religion, type of marriage, education of mother, place of residence) and demographic profile of child (age, sex, birth order).

BASED ON THE OBJECTIVES

H1- The mean posttest empowerment on child care skills among mothers of mentally challenged children will be significantly higher than the mean pretest empowerment score on child care skills among mothers of mentally challenged children.

H2 - There will be a significant association between between posttest empowerment score on child care skills among mothers of mentally challenged children & selected demographic variables of mothers (family income, religion, type of marriage, education of mother, place of residence) and demographic profile of child (age, sex, birth order).

All hypothesis were tested at 0.05 level of significance & the hypothesis was accepted. In this study one group pretest & posttest quasi experimental design was used. This study conducted in two special school in Madurai. The conceptual framework of the study based on J.W. Kenny' s model. A convenience sampling techniques was used to select the study subjects. The total number of mothers of mentally challenged were 40 & children 40.

Data collection tool consists of two parts. First part consists of demographic variable of mother & child. Second part consists of a observational checklist to assess the empowerment score on child care skills among the mother. The tool was tested using interarater reliability method. Pilot study was conducted to find out the feasilibility of the study.

MAJOR FINDINGS OF THE STUDY

- The study findings shows that 21 (57.5%) children were between the age of 2-5years, 17 (42.5%) children were between the age of 6-10 years.
- The study findings shows that 23 (57.5.%) children were male and 11 (42.5%) children were female.
- Regarding the birth order,18 (45%) were first born child, 11 (27.5%) were second born child, 11 (27.5%) were third born child and above.
- Regarding the family income, 13 (32.5%) had Rs.1000-2000, 14 (35%) had Rs.2001-3000 and 13(32.5%) had Rs.3001 and above.
- Regarding the education of mother, 16 (40%) were educated , 24 (60%) were uneducated.
- Regarding the type of marriage, 19 (47.5%) were non-consanguineous marriage, 21 (52,5%) were consanguineous marriage.
- Regarding the religion 10 (25%) were Christians,19 (47.5%) were Hindus, 11 (27.5%) were Muslims.
- Regarding the place of residence, 24 (60%) were from urban, 16(40%) were from rural.

CONCLUSION

THE FOLLOWING CONCLUSIONS WERE DRAWN FROM THIS STUDY.

- ❖ The study proved that there was significant improvement in self help skills of mothers of mentally challenged children.
- ❖ The posttest empowerment score on child care skills of mothers of mentally challenged children was higher stressing the importance of skill training services for the mothers of mentally challenged children.
- ❖ Skill training was found to be effective on empowerment on child care skills among the mothers of mentally challenged children.

IMPLICATIONS

The study has important implications on nursing practice, education, research. The future of the nation is at the hands of the children. Merely because they are retarded , they should not be neglected.

IMPLICATIONS FOR NURSING PRACTICES

- Nursing personnel play a vital role in helping mothers of mentally challenged children to identify in early stage.
- Nurses can observe the skill of the mothers of mentally retarded children when they come for immunization & for other health care needs.
- Nurse can provide skill training regarding self help skills to empower the mothers of mentally challenged children.
- Nurses specializing in pediatric nursing need to be empowered in educating the mothers of mentally challenged children about caregiver mediated intervention in training up the child.

- Nurses can tell about the importance of child care skills in order to reduce the care giver burden.

IMPLICATIONS OF NURSING EDUCATION:

- There should be greater emphasize in the nursing curriculum about the child care skill for the mothers of mentally challenged children for reducing

  their burden in caring of their mentally challenged children.
- Postgraduate nursing students must be motivated to give child care skill

  to mothers of mentally challenged children when providing care to disabled

  children.
- Train them in implementing caregiver mediated interventions**.**

IMPLICATIONS OF NURSING RESEARCH

The findings of the present study have added knowledge to the already existing literature and the implication for the nursing research are given in the form of recommendations. This study can be a baseline for future studies to build upon and motivate other researchers to conduct further studies.

IMPLICATIONS FOR NURSING ADMINISTRATIONS

- The nursing administrators especially of nursing homes, pediatric ward, rehabilitations centers can organize continuing nursing education on child care skills. Pamphlets on caring of children regarding bathing, dressing, feeding can be distributed.

- The administrators can encourage the nurse to give skill training to mothers of mentally challenged children.
- A considerable amount in the budget can be allotted for organizing the continuing nursing education programme in preparing child care skill training module.
- Staff nurse can be trained specially to give skill training to mothers of mentally challenged children.

LIMITATIONS

- ❖ The samples size in the group were 40, hence the findings should be generalized with caution.
- ❖ The study was selected due to the convenience of the researcher , hence the findings can be generalize only to selected settings.

RECOMMENDATIONS

On the basis of the present study the following recommendations have been made for further study:

- A longitudinal study can be undertaken to see the long term effects of skill training on empowerments on child care skills among the mothers of mentally challenged children.
- It can be conducted with large sample size to generalize the findings.
- A qualitative approach can be applied in studying the effect of skill training for mothers mentally challenged children.
- Study can be done in government setting also.

- The skill training can also be given also to mentally challenged children.

SUMMARY

This chapter dealt with the summary of the study major finding of the study, discussion, conclusion, implications to the field, limitations of the study and recommendations for further studies.

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- http://unesdoc.unesco.org/images/0004/000410/041089eb.pdf

APPENDIX – I (A)

Copy of Letter Seeking Permission to Conduct Study at Anbagam

Sacred Heart Nursing College,
Ultra Trust, Madurai

Ref : UT : SHNC 2009

4/235, College Road,
Tahsildar Nagar,
Madurai – 625 020.

To

The principal,
Anbagam special school for mentally challenged children,
Madurai.

Respected Sir/Madam,

Sub: Sacred Heart Nursing College, Madurai - Project work of M.Sc., (Nursing) student – permission - Requested – reg.

*****

We wish to state that ……, second year M.Sc., (Nursing) student of this college has to conduct a Research Project, which is to be submitted to the Tamilnadu Dr.M.G.R.Medical University, Chennai in partial fulfillment of university requirements.

The topic of research project is, **"A study to evaluate the effectiveness of skill training on empowerment of child care skills among the mothers of mentally challenged children attending selected centers at Madurai".**

We request you to kindly permit her to do the research work in your hospital under your valuable guidance and suggestions.

Thanking you,

Yours faithfully,

for **Sacred Heart Nursing College**
Ultra Trust.

APPENDIX – I (B)

Copy of Letter Seeking Permission to Conduct Study at shine Special School

Sacred Heart Nursing College,
Ultra Trust, Madurai

Ref : UT : SHNC 2009

4/235, College Road,
Tahsildar Nagar,
Madurai – 625 020.

To

The Principal,
Shine special school,
11,kk nagar,
Madurai.

Respected Madam / Sir,

Sub: Sacred Heart Nursing College, Madurai - Project work of M.Sc., (Nursing) student – permission - Requested – reg.

*****

We wish to state that ……, second year M.Sc., (Nursing) student of this college has to conduct a Research Project, which is to be submitted to the Tamilnadu Dr.M.G.R. Medical University, Chennai in partial fulfillment of university requirements.

The topic of research project is, **"A study to evaluate the effectiveness of skill training on empowerment of child care skills among the mothers of mentally challenged children attending selected centers at Madurai".**

We request you to kindly permit her to do the research work in your hospital under your valuable guidance and suggestions.

Thanking you,

Yours faithfully,

for **Sacred Heart Nursing College**
Ultra Trust.

APPENDIX – II

Copy of the Letter Seeking Experts Opinion for Tool and Content Validity

From

_____
II Yr. M.Sc., (Nursing)
Sacred Heart College of Nursing
Madurai-20.

To

Dear Madam / Sir,

Sub: Requesting opinion and suggestion of experts for tool and content validity in assessing the quality of life of bronchial asthma children.

*****

I am a final year M.Sc., (N) student in Sacred Heart Nursing College. In partial fulfillment of Master degree in Nursing, I have selected the topic mentioned below for the research project to be submitted to the Dr. M.G.R. Medical University, Chennai.

Problem Statement

"A study to evaluate the effectiveness effectiveness of skill training on empowerment of child care skills among the mothers of mentally challenged children attending selected centers at Madurai".

I request you to kindly validate the content and give your expert opinion for necessary modification and I would be happy if you could refine the problem statement and the objectives.

Thanking you,

Yours sincerely,

Place: Madurai.
Date:

APPENDIX – III

List of Experts Consulted for the Content Validity

1. **Dr.M.Karthikeyan, M.D., (Psy.)**
   Consultant Psychiatrist,
   Meenakshi Mission Hospital and Research Centre,
   Madurai.

2. **Dr.Suresh kumar,M.D., (Psy.)**
   Assitant professor cum clinical psychologist,
   Department of psychiatric,
   Govt,Rajaji hospital,
   Madurai.

3. **Dr. A. Mani, M.Sc, M.A, M.Phil, Ph.D.**
   Professor in psychology,
   Sara nursing college,
   Dharapuram,
   Erode District.

3. **Mrs.Devakirubai, M.Sc., (N), Ph.D.,**
   Professor,
   Sacred Heart Nursing College,
   Madurai

4. **Mrs.Sarojni, M.Sc. (N),**
   Lecturer,
   Sacred Heart Nursing College,
   Madurai

5. **Mrs.Jothilakshmi,M.Sc.(N),**
   Lecturer,
   Sacred Heart Nursing College,
   Madurai

APPENDIX – IV

OBSERVATIONAL CHECKLIST

Part - I

Demographic Profile of Mother

1.Name :

2.Age :

3.Sex :

4.Family Income :
a) Rs.1000 – 2000
b) Rs.2000 – 3000
c) Rs.3001 and above

5.Type of Marriage :
a) Consanguine
b) Non consanguine

6.Place of Residence :
a) Urban
b) Rural

7.Religion :
a) Hindu
b) Christian
c) Muslim

8.Education :
a) Educated
b) Uneducated.

Demographic Profile of Child

1.Name :

2.Age : a) 0 – 3 years

b) 4 – 7 years

c) 8 – 10 years

3.Sex : a) Male

b) Female

4.Birth order : a) First born

b) Second born

c) Third born and above

5.Name of the School

Part - II

Ratings

Done - 1

Not done - 0

S.NO	CHILD CARE ACTIVITIES	DONE	NOT DONE
	BRUSHING		
1.	Teach to brush the teeth daily.		
2.	Shows to take the brush & applying the paste.		
3.	Teach to brush the teeth properly.		
4.	Shows to wash the mouth.		
5.	Teach to replace the material.		
	BATHING		
6.	Teaches the child to bath with soap & water.		
7.	Teaches to take necessary material l like water, soap, towel, tub, shampoo, while bathing.		
8.	Teaches to apply soap properly.		
9.	Shows to wash the body.		
10.	Shows the child to dry with towel.		
11.	Replacing the material.		
	GROMMING		
12.	Shows the child to apply oil properly.		
13.	Shows the child to combs the hair daily.		
14.	Teaches to apply the powder on the face.		
15.	Keeps the child clean.		
16.	Teaches to keep the nails clean.		
17.	Teaches to wipe the nose every time it is needed.		
	DRESSING		
18.	Shows the child to wear the dress.		
19.	Changes the child's underwear when it soiled.		
20.	Changes the dress on proper interval.		
21.	Child dress has large button.		

	FEEDING		
22.	Shows the child to wash the hand.		
23	Shows the child to wash the plate.		
24	Using extra large bib.		
25.	Keeps the sufficient newspaper sheet on the floor.		
26.	Uses two handle cup.		
27.	Give finger food to the child.		
28.	Introduces one new food to the child.		
29.	Stands behind child & guides his hand.		
30.	Calls by name after each food eaten.		
31.	Uses simple words of direction.		
32.	Serves all food attractively & in small quantity.		
33.	Teaches to keep lips closed.		
34.	Washes the food properly after taken food.		
35.	Teaches the child to wipe mouth & chin with handkerchief.		
36.	Praises the child when he takes food properly.		
37.	Uses the word swallow with demonstration		
38	Feeds the child with proper cleanliness.		
	DICPLINE		
39.	Teaches right from wrong.		
40.	Teaches to say please & thank you.		
41.	Punishes the child.		
42.	Uses harsh words or slap's the child.		
43.	Praises ,hug, kiss & claps after each activities.		
44.	Friendly firmness rather than punishment.		
45.	Teaches one thing at a time.		
	PLAY ACTIVITIES.		
46.	Play articles appropriate for mental age.		
47.	Play articles offer stimulus to the child.		
48.	Toys changed to keep pace with mental age.		
49.	Supervising the child while playing.		
50.	Shows the child how to use toys.		
51.	Using few toys at a time.		
52.	Helps the child to replace the toys.		
	TECHING GUIDELINES		p
53.	Mother is patience, perservences & affection.		
54.	Teaches by example.		
55.	Mother is consistent to the child.		

56 57. 58 59. 60. .	Allows plenty of time. Stimulate speech. Helps the child only when he needs. Teaches proper acknowledge of greetings like smile & speak. Mother is calm & pleasant to the child.		

Key:

Adequate child care skills	41 – 60
Moderate child care skills	21 – 40
Inadequate child care skills	0 – 20

APPENDIX – V (A)

INTERVENTION- SKILL TRAINING

AIM:

At the end of the skill training the mother of mentally challenged children will be empowered on child care skills.

OBJECTIVE:

After the skill training the mother will be able to, demonstrate the child care skills like brushing, bathing, grooming, dressing, feeding, discipline& play activities to their mentally challenged children.

NURSING ACTION:

Establish & maintain a trust worthy relationship.

Self introduction: Explained about the importance & the purposes of skill training.

Before starting the training, the observations of the child care skills was taken as baseline. Made the mother to express her feelings regarding, the mentally challenged children. Explained the mother that , for the acquisition of these skills, mentally challenged child needs special training. The mentally retarded child, even with profound retardation can learn some of the self help skills with systemic training.So the responsibility lies with the parents to lead their mentally retarded children towards independence by training them in the self help skills like brushing, bathing, grooming, feeding and discipline.

PROCEDURE FOR BRUSHING:

Tooth brushing is one of the self help skills which has to be taught to the mentally retarded children step by step. It includes,

- Identification of his own tooth brush.
- Applying paste on the tooth brush.
- Brushing front left, middle and right sides and inside of the teeth properly.
- Tongue cleaning
- Rinsing mouth and washing face.

MATERIALS NEEDED:

- Tooth brush
- Tooth paste
- Wash basin
- Tap water
- Mug
- Mirror

STEP-1

- Show the child where the tooth brush & the paste are kept.
- Tell him to take the tooth paste & brush from the shelf.

- Guide him to take off the cap and place it back on the shelf.
- Guide him to hold the brush in one hand, open the tap with other hand, wet the brush & close the tap.
- Help him to take the paste with the right hand & guide him to squeeze the paste with the other hand & apply over the brush.
- Guide him to take the cap from the shelf & close the paste tube

STEP-2

- After keeping the paste tube on the shelf, tell him to take the brush from the wash basin.
- Guide him to brush the front teeth with up & down strokes.
- Guide him to brush the sides and inner aspect of the teeth.
- Instruct him to look the mirror while brushing.
- Let the child preferably brush with a sister / brother so that he can imitate the model.
- Tell him to spit the paste out after brushing.

STEP-3

- Guide the child to hold the brush under the tap water and clean it properly.
- Tell him to keep the brush back in the shelf.

- Demonstrate & tell him to open the tap & fetch the water in the right hand. If he cannot do assist him by cupping your right hand and help him to do so.
- Guide him to take a sip of water in the mouth.
- Tell him to gargle & spit. Let him repeat it 4 to 6 times.
- Let him wash the lips & the mouth & close the tap.

STEP-4

- Demonstrate and help the child to hold the tongue cleaner
- with both the hands.
- Guide him to bend his neck towards the wash basin, by holding him at the back of his neck.
- Tell him to put his tongue out. Hold his hand with tongue cleaner & help him to clean his tongue.
- Reduce the physical help by just touching his hand to get his cooperation and to give him more confidence.
- In order to avoid vomiting sensation, demonstrate & guide him from which part of the tongue he should clean & how many times he has to do so. After cleaning follow the steps explained earlier, to rinse the mouth.

BATHING:

Bathing is one of the self help skill which has to be taught to the mentally challenged children by step by step,

- oiling hair
- removing clothes
- washing hair
- applying soap/ shampoo
- rubbing / scrubbing
- washing off soap
- drying hair
- wiping the entire body
- wearing clothes.

MATERIALS NEEDED:

Bathing room, bucket, tap water, shower, soap box/ shampoo, towel.

PROCEDURE:

STEP-1 OILING HAIR

- Show the child where the oil bottle is kept. Train him to identify the oil bottle. Mark clearly on the bottle & show the same in TV advertisements or magazine so that it becomes more easier to recognize.
- Demonstrate how to take the oil bottle, open the lid by the right hand & keep it in the left hand.
- Use unbreakable bottles if possible.

- While training the child make sure that oil level is very low in the bottle so that spilling & wastage can be avoided.
- After opening the lid help to tilt the bottle & pour oil in the left palm.
- Tell the child to keep the oil bottle down or on the table & to apply oil on both palms.
- Hold the hands & guide to rub hair by both the hands. Tell the child to repeat the procedure 3 to 5 times till the hair is properly oiled.
- After oiling the hair properly, guide to take the lid, close the bottle & keep it back in the shelf.
- Instruct one has to oil the hair –before head bath or combing the hair as needed
- **STEP-2 REMOVING DRESS**
    - 10 to 15 minutes after oiling hair, tell the child to go to the bathroom.
    - Before closing the door tell the child to check whether necessary things- water, bucket, soap, towel, mug, and shampoo are in the bathing room.
    - Train to close the door & bolt it.
    - After closing the door for privacy tell the child to remove clothes. Show where to keep the dress.

STEP -3 WASHING HAIR

- Show the child how to open the tap, fill the water & close the tap.
- In case hot water facility is provided, teach how to add cold water & to check whether it is too hot, before pouring water.
- If the child is taking head bath, insist on washing the hair first.
- Tell the child to bend head, take water in the mug, & wet the hair.
- Guide the child to close the eyes apply soap /shampoo & rub the scalp & hair.
- After rubbing, tell the child to take water in the mug, pour on the head & wash the soap off. Insist on rubbing the hair while pouring water till the entire soap goes on.
- If the child is a girl with long hair, help her to bend down, bring hair to the front, shampoo & wash. Take the child towards the mirror in the bathing room, show how to tie the hair with the towel to dry the hair.

STEP-4 APPLYING SOAP & WASHING FACE

- After washing hair, let him wash the face with water.
- After closing the eyes let him apply soap on the face, ears, & back side of ears.
- After applying soap, guide him to rub the soap on ears & back of ears.
- Assist him to take water in palms, wash soap from the face & open eyes.

STEP-5 APPLYING SOAP OVER THE BODY RUBBING & WASHING

- After washing off the soap from the face, tell the child to wet the entire body by either opening the tap or taking water from the bucket. Let him fill the water by opening the tap when the water in the bucket is over
- After wetting the body, guide him to apply soap all over the body –arms, legs front, back & neck. Insist the places which t the child misses.
- Guide the child to rub the arm front & back, legs & feet after applying soap.
- After rubbing properly, guide the child pour water, and wash the soap from the entire body.
- If shower is provided in the bathing room, demonstrate how to open the tap, stand under the water & wash off the soap.

STEP-6 DRYING THE ENTIRE BODY

- Tell the child to take the towel from the peg & wipe the face & body.
- After wiping the body guide the child to spread the towel on the holder to dry. In the same way to keep the soap, & shampoo in proper places.

STEP-7 WEARING CLOTHES

- Insist that the child wears clothes – before coming out of the bathroom
- Assist the child to remove the bolt.

GROOMING:

Grooming skills are to be taught in a systemic way to the mentally retarded child.

PROCEDURE:

- washing face
- applying powder
- combing hair
- clipping nails
- wiping nose.

STEP-1

WASHING FACE

- Train the child to check whether the soap, towel, bucket of water & mug within reach.
- Wash your face as the child watches you.
- Ask her to take handful of water and splash it on the face.
- Let her take soap, rub between palms & back of hands to form lather & apply it on the face.
- Ask her to take handful of water & splash on the face till the lather is completely washed away off.
- Guide her to dry her face.

STEP-2 APPLYING POWDER

- Show the child how to apply the powder.
- Ask her to do it by looking in a mirror.
- Appreciate the child's attempts by saying how nice she smile.

STEP-3 COMBING HAIR

- Train the child to comb his hair, both in the morning & evening.
- Let him watch when you comb your hair. Hold the child's hand & guide him to comb a small portion of the hair. Let him look in to the mirror, as he comb
- Withdraw help gradually.
- Praise him by saying how neat he looks.

STEP-5 CLIPPING NAILS

- Let the child watch when you cut the nails using a nail clipper. Tell him that if it is not used properly it hurts, bleeds & is painful.
- Let the child watch when his peers use a nail clipper.
- Select a nail clipper suitable for the child.
- Show him how to open it to use & how to close it after use.
- Allow him to train & learn.
- Do not teach directly to cut on his own nails.
- Initially let him try cutting on other materials: dried leaves, cards.
- When he starts to cut his own nails, help him to hold and place the nail cutter at the nail before pressing. Start with cutting thumb nail.
- Physically assist to press.
- Have a paper spread on the lap while cutting so that cut pieces can be collected in into the thrown.
- After he learns to use the clipper with the right hand train the child with the other hand.

STEP-6 CLEANLINESS OF NOSE:

- Train the child to blow the nose, when he has running nose.
- Take him towards the mirror & make him stand in front of the mirror. Show his running nose & make him understand the need to blow the nose.
- Demonstrate & guide him to hold the hanky in the left hand & keep it over the nose.
- To blow nose, tell him to 'hmm' forcefully with the lips closed. Hold his lips with your fingers if he cannot do it initially.
- Develop the habit of keeping a handkerchief especially when he has cold.
- When the child has running nose, remind him to blow the nose & wipe it with the hanky.

DRESSING

Instructed the mother that unless training is given & children are motivated, they continue their dependence on others even in adolescence & adulthood.

PROCEDURE:

USE APPROPRIATE METHODS:

- Privacy is a necessary concept introduced while dressing.
- Get the child cooperation.
- Allow him to watch how his brother/peer get dressed.
- Physically help him to stretch hands, to insert into sleeves & so on, telling him each step he is performing.
- Physical help should be gradually reduced.

- Praise his attempts & efforts.

REMOVING CLOTHES:

- Stand behind the child.
- Place his hands on the pant on both hips.
- Place your hands on his hands.
- Pull down the pant with his hands on pants & your hands on his saying simultaneously ‘remove clothes’
- When it reaches the ankle help him to take out the legs one by one.
- Gradually reduce physical help. Say only ‘remove pants’.

REMOVING UNBUTTON SHIRTS

- Unbutton the shirt.
- Stand behind the child.
- Place your hand on his hand.
- Take out the left sleeve.
- Take out the right sleeve.
- Gradually remove your hand & tell him to pull out. Reward appropriately.

TECHNIQUES:

- Provide interesting reason to dress.
- Use large buttons.

- Use simple vocabulary
- While teaching teach time & place for dressing.
- Change the child underwear when it is soiled.

FEEDING:

Feeding also one of the self help skills can be taught to the mentally challenged children.

TRAINING FEEDING WHEN:

- Child is ready – can he sit fairly well & place fingers or toys in mouth.
- Parents are ready- parents should have patience.

MATERIALS TO HELP:

- Extra large bib.
- Sufficient newspaper or large plastic sheet on floor.
- Two handled cup.
- Eating utensils suitable for child-spoon with straight handle or wrapped with cloth.
- Plate should be smaller than dinner plate.
- Small glass that the child can hold.

PROCEDURE:

- Demonstrate how to wash the hand and plate.
- Stand behind child & guide his hand.
- Call by name after each food eaten.
- Offer new food at beginning.
- Serve all food in attractive & in small quantity.
- To begin, place a small amount of food far back on the tongue.
- Demonstrate, using word for action,
- Assist by moving child's jaws up & down.
- Teach to keep lips to be closed.
- Introduce only one food at a time.
- Do not force him to eat if he is not hungry.
- Use word 'swallow' with demonstration.
- Give finger food to the child.
- Feed the child with proper cleanliness.

DISCIPLINE:

It is an important concept not only to healthy child, but also to the mentally challenged children.

PROCEDURE

- Teach right from wrong.
- Praises for any cooperation or correct action.
- Use words which ensure consistently.
- Teach by example.
- Isolate from people or favorite toy for short time.
- If he become excited, remove immediately & provide with quiet play alone.
- Don't threaten.
- Don't punish by putting in to bed.
- Friendly firmness rather than punishment.
- Tell him what to do rather than what not to do.
- Teaches one thing at a time.
- Don't scold in loud voice.
- Teach to say 'sorry' & 'thank you.'

PLAY ACTIVITIES:

- Through the medium of play, child's personality evolves.
    - Retarded child need requires more adult supervision.
    - Retarded child may prefer to play with children in his mental age.
    - Supervision while the child play is must.

- Toys should be appropriate for mental age.
- Toys should be changed to keep pace with mental age.
- They should offer stimulus .
- Show the child how to use the toy, play with him, talk to him.
- Don't become discouraged because he fails to respond.
- Use few toys at a time.
- Helps the child to replace the toys with your help.
- Teach color recognition & coordination.

TEACHING GUIDELINES:

- This is the means by which the child acquires the skills of self help:
  - Readiness
  - Repetition
  - Praise
  - Teach one thing at a time.
  - Be calm & pleasant regardless of the number of mishaps.
  - Drills for self help should be short.
  - Allow plenty of time but don't let him of mishaps.
  - Stimulate speech while going through the motions with him.
  - Help him only when he need it.

- Be consistent.
- Avoid teaching in distracting surrounding.
- Show him how to do things.
- Teach by examples.

APPENDIX – V (B)

திறன் பயிற்சி

நோக்கம்:

இந்த பயிற்சியின் முடிவாக மனவளர்ச்சி குன்றிய குழந்தையின் தாய் பராமரிக்கும் வழிமுறையினை பயின்று கொள்வார்கள்.

திறன் பயிற்சி:

பயிற்சியின் முடிவில் தாய் மனவளர்ச்சி குன்றிய குழந்தையினை கவனித்துக்கொள்ளும் கீழ்காணும் முறையினை பயின்று கொள்வார்கள்.

பயிற்சியின் நோக்கம், மற்றும் முக்கியத்துவத்தினை விவரித்தல் குறிப்பாக மனவளர்ச்சி குன்றிய குழந்தையை கவனிக்கும் தாய்க்கு அக்குழந்தையின் மனஉணர்வுகளை புரிந்து கொள்ளும்படி சிறப்பு பயிற்சி அளிக்கவேண்டும். மேலும் மனவளர்ச்சி குன்றிய குழந்தைகளுக்கு சில வேலைகளை தானே செய்து கொள்ளும் முறையான பயிற்சி அளிக்க வேண்டும். சுய பராமரிப்பு வேலைகளான பல்துலக்குதல், குளித்தல், அலங்கரித்தல், உணவு உண்ணுதல் நல்ல பழக்க வழக்கங்களை குழந்தைகள் தானே செய்து கொள்ளும் அளவிற்கு தனது பெற்றோர்கள் பயிற்சி அளிப்பது கடமையாகும்.

பல் துலக்குதல்

பல்துலக்கும் முறைகள்:

அம்மாவின் வாயிலாக கூறப்படும் கருத்துக்கள்:

பல்துலக்கும் முறைகள் உட்பட பல செயல்களுக்கு பல படிநிலைகள் உள்ளன.

- ❖ தன்னுடைய பல் துலக்கியை அடையாளம் காண வேண்டும்.
- ❖ பற்பசையை பல் துலக்குவதில் படியுமாறு வைத்தல்.
- ❖ சரியான முறையில் நாக்கை சுத்தம் செய்ய வேண்டும்.

- ❖ சரியான முறையில் வாயை கொப்புள்ளிக்கவும், மற்றும் முகத்தை கழுவ வேண்டும்.
- ❖ பல் துலக்குவது முன் பக்க நடுவில், வலது பக்கம் மற்றும் இடது பக்கமும், சரியான முறையில் துலக்க வேண்டும்.

தேவைப்படும் உபகரணங்கள்:

- ❖ பல்துலக்கி
- ❖ பற்பசை
- ❖ கழுவுமிடம்
- ❖ குழாய் தண்ணீர்
- ❖ குவளை
- ❖ கண்ணாடி

படிநிலைகள் 1:

1. பல் துலக்கி மற்றம் பற்பசை எங்கு உள்ளது என காண்பிக்க வேண்டும்.
2. பற்பசை மற்றும் பல்துலக்கியை அலமாரியிலிருந்து எடுக்கச் சொல்லவும்.
3. பற்பசையின் மூடியைத் திறந்து அதைத் திரும்ப அலமாரியில் வைக்கச் சொல்ல வேண்டும்.
4. குழந்தையிடம் பல்துலக்கியை ஒரு கையில் பிடித்து மறு கையில் குழாயைத் திறந்து பல்துலக்கியை நனைத்து அதன் பின் குழாயை மூட வழிகாட்ட வேண்டும்.
5. பல்துலக்கியை இடது கையில் எடுத்து பற்பசையை வலது கையினால் அழுத்தி பல்துலக்கியில் படியுமாறு வைக்க உதவ வேண்டும்.

6. பல்துலக்கியை கழுவும் இடத்தில் வைக்கக் கற்றுக் கொடுக்க வேண்டும்.
7. அலமாரியில் கழற்றி வைத்த மூடியை எடுத்து பற்பசையை மூடி அலமாரியில் வைக்க கற்றுக்கொடுக்க வேண்டும்.

படிநிலைகள் 2:

1. அலமாரியில் பற்பசையை வைத்த பிறகு கழுவும் இடத்தில் வைத்த பல்துலக்கியை எடுக்கக் கற்றுத்தர வேண்டும்.
2. பற்துலக்கியை வாய் அருகே கொண்டு சென்று பற்களில் வைத்து மேலும், கீழுமாக துலக்க கையைப்பிடித்து செய்து காட்ட வேண்டும்.
3. பக்கவாட்டில் உள்ள பற்களையும், பற்களின் உள்ளேயும் துலக்கக் கற்றுத்தர வேண்டும்.
4. பல்துலக்கும்பொழுது கண்ணாடியைப் பார்க்க சொல்லித்தர வேண்டும்.
5. உடன் பிறந்தவர்களுடன் சேர்ந்து பல் துலக்க அனுமதிக்க வேண்டும். அதனால் அவர்களைப் போல பல் துலக்க கற்றுக்கொள்வார்கள்.
6. மேல் வாய் உள் பற்களை துலக்குவது பற்றி செய்து காட்டவும்.
7. அதைப்போல் கீழ் வாய் உள் பற்களையும் துலக்கச் சொல்லித்தர வேண்டும்.
8. அதைப் போல் வலது புறமும், இடது புறமும் பயிற்றுவிக்க வேண்டும்.
9. பல் துலக்கிய பின் நுரையை எப்படி உமிழ்வது என்று கற்றுக்கொடுக்க வேண்டும்.

படிநிலைகள் 3:

1. பல் துலக்கியை தண்ணீரில் கழுவி சுத்தம் செய்து அலமாரியில் வைக்க வழி காட்டவும்.
2. வலது கையால் தண்ணீரை எடுத்து வாயில் வைத்துக் கொப்பளிக்கக் கற்றுத் தரவும். அவனால் முடியாத படிக்கு நம்முடைய கையை அவனது கைக்கு கீழ் வைத்து நீரைப் பருகி கொப்பளிக்க சொல்லித் தரவும்.
3. நான்கு முதல் ஆறு முறை வரை கொப்பளித்து உமிழ கற்றுக்கொடுக்க வேண்டும்.
4. வாய் மற்றும் உதடுகளை கழுவக் கற்றுக்கொடுக்க வேண்டும். அதன் பிறகு குழாயை மூட கற்றுத்தரவும்.

படிநிலைகள் 4:

1. இரண்டு கைகளால் நாக்கு வழிப்பானைப் பிடிக்க செய்து காட்டவும்.
2. முகத்தை கழுவும் இடத்திற்கு முன்பாகக் குனிய சொல்லவும். அப்பொழுது அவனுடைய பின் கழுத்தைப் பிடித்துக் கொள்ள வேண்டும்.
3. நாக்கை வெளியே நீட்டி நாக்கு வளிக்க நாக்கு வளிப்பானைக் கையில் பிடித்துக் கற்றுத்தர வேண்டும்.
4. அவனது கையைப் பிடித்து பல் துலக்கும் அளவிற்கு தன்னம்பிக்கை வரவழைக்க வேண்டும்.
5. வாந்தி வருவதைத் தவிர்க்க முன்புற நாக்கை வழிக்கவும், எத்தனை முறை வழிப்பது என்று செய்து காட்டவும். பிறகு வாய் கொப்பளிக்கச் சொல்லித்தர வேண்டும். குழந்தையின் ஒவ்வொரு செயலிலும் அவனைப் பாராட்ட வேண்டும்.

குளித்தல்

குளித்தல் என்பது மனவளர்ச்சி குன்றிய குழந்தைகளுக்கு படிப்படியாக சொல்லித்தரும் சுய பராமரிப்பு வேலையாகும்.

- தலையில் எண்ணெய் வைத்தல்
- ஆடைகளைக் கழற்றுதல்.
- தலைமுடியை நனைத்தல்
- சோப்பு அல்லது சிகைக்காய் போடுதல்.
- தேய்த்து விடுதல் அல்லது சுரண்டுதல்.
- தண்ணீரைக் கொண்டு சோப்பைக் கழுவுதல்(சவர்க்காரம்)
- உடம்பு முழுவதையும் துடைத்தல்.
- தலைமுடியைக் காய வைத்தல்.
- உடை அணிதல்.

தேவையான பொருட்கள்:

- குளியலறை
- வாளி
- குழாய் நீர்
- சுவர் நீர்
- சோப்பு(சவர்க்காரம்)
- துண்டு

பயிற்சி முறைகள்

படிநிலைகள் I:

தலைக்கு எண்ணெய் தேய்த்தல்.

1. எண்ணெய் குப்பி இருக்கும் இடத்தைக்காட்டி அதை அடையாளம் காண பழக்கப்படுத்த வேண்டும்.
2. அதற்கு T.V மற்றும் மாத இதழ்களின் விளம்பரத்தைப் பார்க்க வைப்பதன் மூலம் எளிதாக புரிந்து கொள்ளலாம்.
3. கையால் எண்ணெய் குப்பியை எடுத்து, அதன் மூடியை கழற்றி இடது கையில் வைக்கக் கற்றுக்கொடுக்கவும்.
4. உடையாத எண்ணெய் குப்பியை பயன்படுத்தவும்.
5. குழந்தைக்கு கற்றுத் தரும் போது எண்ணெய் குறைவாக உள்ள குப்பியை பயன்படுத்தவும். அதனால் கீழே சிந்துவதை தவிர்க்கலாம்.
6. மூடியைக் கழற்றி எண்ணெய்யை இடது உள்ளங்கையில் ஊற்றச் சொல்லித்தரவும்.
7. எண்ணெய்க் குப்பியை கீழே வைத்து விட்டு இரண்டு கையிலும் எண்ணெய்யை பரவலாக தடவக் கற்றுக்கொடுக்க வேண்டும்.
8. குழந்தையின் கையைப்பிடித்து இரண்டு கையையும் கொண்டு முடியைத் தேய்க்க சொல்லித்தரவும்.
9. இதனை 3 முதல் 5 முறை வரை எண்ணெய் நன்றாக முடியில்படும் படி தேய்க்கச் சொல்லித்தர வேண்டும்.
10. பிறகு முடியை எடுத்து எண்ணெய் குப்பியை எடுத்து மூடி அதனுடைய இடத்தில் வைக்கச் சொல்லித்தர வேண்டும்.

11. குளிப்பதற்கு முன்பாக (அ) தலை குளிப்பதற்கு முன்பாக / தலை வாருவதற்கு முன்பாக இதனை செய்ய வேண்டும் என்பதை சொல்லித் தரவேண்டும்.

படிநிலைகள் 2:

உடையைக் கழற்றுதல்

1. எண்ணெய் தேய்த்து 10-15 நிமிடங்கள் கழிதது குளியல் அறைக்குப் போக சொல்லித்தர வேண்டும்.
2. குளியல் அறையை மூடுவதற்கு முன்பு தேவையான பொருட்கள் உள்ளதா என்று சரிபார்க்க வேண்டும்.
3. அறையை மூடி தாளிட்டுக் கொள்ள கற்றுத்தரவேண்டும்.
4. குளியலறை உள்ளே சென்ற பிறகு ஆடையை கழற்றி எங்கு வைக்க வேண்டும் என்று சொல்லித்தர வேண்டும்.

படிநிலைகள் 3:

1. தலைமுடியை நனைத்தல்
2. எவ்வாறு குழாயை திறந்து நீரை நிரப்பி அதன் பின் குழாயை மூட கற்றுத்தர வேண்டும்.
3. அந்த சமயம் சுடுநீர் தேவைப்பட்டால் எப்படி குளிர்நீருடன் கலந்து போதுமான வெப்பத்தைப் பார்த்துக் குளிக்கக் கற்றுத்தர வேண்டும்.
4. முதலில் தலையை நனைக்க சொல்லவும்.
5. தலையை குனிந்து, குவளையில் நீரை எடுத்த தலைமுடியை நனைக்க சொல்லித்தர வேண்டும்.
6. சவர்க்காரம் உபயோகிக்கும் போது கண்களை மூட கற்றுக்கொடுக்க வேண்டும். பிறகு குவளையில் நீரை

எடுத்து தலையில் தண்ணீர் ஊற்றி ஷாம்பு போட்ட இடத்தை நன்கு கழுவ கற்றுத்தர வேண்டும்.

7. சோப்பு போட்ட இடத்தை நன்கு கழுவ சொல்ல வேண்டும்.
8. தலையில் தண்ணீர் ஊற்றும்போது தலைமுடியை நன்றாகத் தேய்க்க சொல்லித்தர வேண்டும்.
9. பெண் குழந்தையாக இருந்தால் நீண்ட முடியை முன்பக்கமாக எடுத்து எவ்வாறாக சோப்பு இடுவது, கழுவுவது என கற்றுத்தர வேண்டும்.
10. முன்பக்கமாக தலையை சாய்த்து தண்ணீர் கொண்டு கழுவக்கற்றுத்தரவேண்டும்.
11. பிறகு நனைத்த முடியை துண்டு எடுத்து எவ்வாறு கட்ட வேண்டும் என சொல்லித்தரவும்.

படிநிலைகள் 4:

முகம் கழுவுதல்.

1. தலை முடியை நனைத்த பின் முகத்தை கழுவ கற்றுக்கொடுக்க வேண்டும்.

2. கண்களை மூடி முகம், காது, மற்றும் பின்புறம் எவ்வாறு சோப்பு, போடுவது என்று கற்றுக் கொடுக்கவும்.

3. சோப்பு போட்ட இடத்தில் நன்றாக தேய்க்க செய்து காட்ட வேண்டும்.

4. உள்ளங்கையில் நீரை எடுத்து முகத்தில் இருக்கும் போது சோப்பை கழுவிய பிறகு கண்களை திறக்க சொல்ல வேண்டும்.

படிநிலைகள் 5:

1. சோப்பு போட்டு உடம்பை தேய்த்துக் குளித்தல்.

2. முகத்தை கழுவிய பிறகு குவளையில் நீரை எடுத்து உடம்பு முழுவதையும் நனைக்க சொல்லவும்.

3. உடம்பின் எல்லா இடங்களிலும் (கை,கால்,கழுத்து,முதுகு) சோப்பு போட சொல்லித்தர வேண்டும்.

4. கை, கால், உடம்பு நன்றாக தேய்க்க வழிகாட்ட வேண்டும்.

5. நன்றாகத் தேய்த்த பிறகு உடம்பு முழுவதையும் தண்ணீர் ஊற்றிக் கழுவ வழி காட்ட வேண்டும்.

படிநிலைகள் 6:

உடம்பு முழுவதையும் துடைத்தல்

1. துண்டை எடுத்து உடம்பு முழுவதையும் துடைக்கச் செய்து காட்ட வேண்டும்.

2. துடைத்த துண்டை உலர வைக்க கற்றுக்கொடுக்க வேண்டும்.

3. சோப்பு, ஷாம்புக்களை அந்தந்த இடத்தில் வைக்க கற்றுத்தரவும்.

உடை அணிதல்:

1. வெளியே வருவதற்கு முன்பாக உடைகளை அணிந்து கொள்ள சொல்லித்தரவேண்டும்.

2. தாழ்பாளைத் திறக்க உதவி செய்ய வேண்டும்.

அலங்கரித்தல்

1. மனவளர்ச்சி குன்றிய குழந்தைகளுக்கு படிப்படியாக தன்னை அலங்கரித்துக்கொள்ள கற்றுத்தரவேண்டும்.

செய்முறை:

- ❖ முகம் கழுவுதல்
- ❖ நகம் வெட்டுதல்
- ❖ பவுடர் போடுதல்
- ❖ மூக்கை சுத்தப்படுத்துதல்

படிநிலைகள் 1:

முகம் கழுவுதல்:

- சோப்பு, துண்டு, வாளி ஆகியவற்றை சரிபார்த்துக்கொள்ள கற்றுத்தர வேண்டும். குவளை அருகில் இருக்கிறதா என்று சரிபார்க்கவும்.
- குழந்தை பார்க்கும்படியாக உங்களுடைய முகத்தைக் கழுவ வேண்டும்.
- கை நிறைய நீரை எடுத்து முகத்தில் தெளித்துக்கொள்ள கற்றுத்தரவும்.
- சோப்பை எடுத்து உள்ளங்கையில் வைத்து நுரை வரும் வரை தேய்த்து முகத்தில் போட கற்றுத்தர வேண்டும்.
- மீண்டும் நீர் எடுத்து நுரை போகும் வரை நன்றாக கழுவ வேண்டும்.
- முகத்தை நன்றாக துடைக்கக் கற்றுததரவும்.

படிநிலைகள் 2:

பவுடர் போடுதல்:

- எவ்வாறு பவுடர் இடவேண்டும் என்று செய்து காண்பிக்க வேண்டும்.
- இதனை கண்ணாடியை பார்த்து செய்யச் சொல்ல வேண்டும்.
- அதன் பின்பு குழந்தையை பாராட்ட வேண்டும்.

படிநிலைகள் 3:

தலை வாருதல்:

- காலையிலும், மாலையிலும் தலை வார கற்றுக்கொடுக்க வேண்டும்.
- குழந்தை பார்க்கும்படி நீங்கள் தலை வார வேண்டும்.
- குழந்தையின் கையைப்பிடித்து கண்ணாடி முன்பாக தலை வாரக் கற்றுக்கொடுக்க வேண்டும்.
- ''நீ அழகாக இருக்கிறாய்'', என்று பாராட்ட வேண்டும்.

படிநிலைகள் 4:

நகம் வெட்டுதல்:

- குழந்தை பார்க்கும்படியாக நீங்கள் நகம் வெட்ட வேண்டும்.
- சகோதரர்கள் நகம் வெட்டுவதை பார்க்கும்படி செய்ய வேண்டும்.
- குழந்தைக்கு கற்றுக்கொடுக்க சரியான நக வெட்டியை தேர்ந்தெடுக்க வேண்டும்.
- நகவெட்டியை எப்படி திறப்பது, மூடுவது என்று கற்றுத்தரவேண்டும்.
- குழந்தை தானாகவே செய்து அறிந்து கொள்ள அனுமதிக்க வேண்டும்.
- முதலாகவே குழந்தையின் நகத்தை வெட்ட அனுமதிக்கக் கூடாது.
- முதலில் காய்ந்த இழையிலோ (அல்லது) துணியிலோ வெட்டிப் பழகக் கற்றுத்தரவேண்டும்.
- குழந்தை முதலாவது முறை நகம் வெட்டும்போது கையைப்பிடித்து நகவெட்டியை பயன்படுத்துவது குறித்துக் கற்றுத்தரவேண்டும்.
- நக வெட்டியை அழுத்தக் கற்றுத்தரவேண்டும் முதலில் தனது கட்டை விரல் நகத்தை வெட்டச்சொல்லவும்.

- மடியில் தாளை விரித்துக்கொண்டு நகத் துண்டுகள் அதில் விழுமாறு செய்ய வேண்டும்.
- வலது கையில் வெட்டக்கற்றுக்கொடுத்த பின்பு இடது கையில் வெட்டக்கற்றுக்கொடுக்கவேண்டும்.

படிநிலைகள் 5:

மூக்கை சுத்தப்படுத்துதல்:

- மூக்கில் சளி வடியும்போது அதை எவ்வாறு சிந்துவது என கற்றுக்கொடுக்கவும்.
- கண்ணாடி முன் நின்று மூக்கு சுத்தம் செய்து காட்ட வேண்டும்.
- கைக்குட்டையை இடது கையில் பிடித்து மூக்கின் மீது வைத்து எவ்வாறு சுத்தப்படுத்துவது என்று செய்து காட்டவும்.
- எப்பொழுதும் கைக்குட்டையை கையில் வைத்திருக்க கற்றுத்தரவும். (குறிப்பாக சளி பிடிக்கும் காலத்தில்

உடை அணிதல்

- சுய வேலையை செய்ய பழகி கொடுக்காத வரைக்கும் குழந்தை மற்றவர்களை சார்ந்தே இருக்கும் என்று தாய்க்கு அறிவுறுத்தவும்.

செய்முறை:

சரியான முறையை பயன்படுத்துதல்:

- உடை அணியும்போது மறைவான இடம் முக்கியம் என்று குழந்தைக்கு அறிவுறுத்தவும். குழந்தையின் அனுமதி பெற வேண்டும்.
- சகோதர்கள் உடை அணிவதை பார்க்க அனுமதிக்கவும்.
- யை நீட்டி சட்டை அணிய உதவி செய்ய வேண்டும்.
- பின்பு குழந்தையை பாராட்ட வேண்டும்.

உடையை கழற்றுதல்:

- உடைகளை கழற்றும்போது குழந்தையின் பின்புறமாக நிற்க வேண்டும்.
- குழந்தையின் கையைப்பிடித்து காலாடையை கழற்ற உதவ வேண்டும்.
- அவ்வாறு கழற்றும்போது காலாடையை முழங்காலுக்கு வரும்போது காலை ஒன்றன்பின் ஒன்றாக கழற்ற சொல்ல வேண்டும்.
- படிப்படியாக தானே செய்யப் பழக்க வேண்டும்.
- குழந்தையை பாராட்ட வேண்டும்.

சட்டையின் பித்தனை கழற்றுதல்.

- குழந்தையின் பின்பாக நின்று அதன் கையை உங்கள் கையை மேல் வைத்து இடது கை மற்றும் வலது கையை கழற்ற கற்றுக்கொடுக்கவும்.
- அவ்வப்பொழுது பாராட்ட வேண்டும்.

நுட்பங்கள்:

- உடை அணியக் கற்றுக்கொடுக்கும்போது உடை அணிவதன் முக்கியத்துவத்தை கற்றுக்கொடுக்கவும்.
- பெரிய பட்டன்களை பயன்படுத்த வேண்டும்
- சிறு வாக்கியங்களை குழந்தைக்கு புரியும்படி கற்றுத்தரவேண்டும்.
- உடை அணியும்காலம், இடம் கற்றுத் தர வேண்டும்.
- குழந்தையின் உள்ளாடையை அழுக்கானால், ஈரமானால் மாற்றக்கற்றுத்தர வேண்டும்.

உணவு உண்ணும் முறை:

- உணவு உண்ண உட்காறும்முறை, உணவை வாயில் எடுத்து உண்ணும் முறை பற்றி கற்றுத்தர வேண்டும்.
- தானாக உணவு உண்ணும் பழக்கத்தை மன வளர்ச்சி குன்றிய குழந்தைக்கு கற்றுத்தர வேண்டும்.

குழந்தை நன்றாக உட்காரும் நிலைக்கு வரும் பொழுதும், பொருட்களை கையில் எடுக்கும் நிலைக்கு வரும்பொழுதும் தானாக உணவு உட்கொள்ளும் திறனை சொல்லித்தர வேண்டும்.

தேவைப்படும் உபகரணங்கள்:

- பெரிய அளவு பாத்திரத்தை பயன்படுத்த வேண்டும்.
- இரண்டு கைப்பிடி கொண்ட குவளை
- குழந்தைக்கான ஸ்பூன்
- சிறிய அளவு டம்ளர்
- துடைக்கும் துணி

செய்முறை:

- கை மற்றும் தட்டை கழுவும் முறையை சொல்லி செய்து காட்டவும்.
- குழந்தையின் கையைப்பிடித்து சொல்லித்தரவும்
- சிறிதளவு உணவாக இருந்தாலும், அது கண்கவரும் விதமாக இருத்தல் வேண்டும்.
- தொடக்கத்தில் உள்நாக்கில் வைத்து ஊட்டி விடுங்கள்.
- சாப்பிடும்போது வாயை மூடி இருக்கச்சொல்ல வேண்டும்.
- குழந்தைக்கு பசி இல்லை என்றால் உண்ணச்சொல்லி கட்டாயப்படுத்தக் கூடாது.
- சொற்களை பழக்கப்படுத்துங்கள்.
- குழந்தையின் கையை மேலும், கீழுமாக அசைக்கவும்.
- விழுங்குதலை வார்த்தைகளோடு சொல்லி செய்து காட்டவும்.
- சுத்தமாக முறையில் உணவு கொடுக்க வேண்டும்.

- சரியாக உணவு உண்ணும்போது குழந்தையைப் புகழ்ந்து உற்சாகப்படுத்த வேண்டும்.

ஒழுக்கம்:

இது எல்லா குழந்தைகளுக்கும் கற்றுத்தர வேண்டிய முக்கியமான ஒரு கோட்பாடு ஆகும்.

செய்முறை:

- எது சரி?எது தவறு? என்று கற்றுக்கொடுங்கள்.
- சரியான செய்கையாக இருந்தால் பாராட்டவும்.
- பிறரிடம் பிடித்தமான பொருளிடம் இருந்து தனிமைப்படுத்துங்கள்.
- பயம் ஏற்படுத்தக்கூடாது.
- நண்பனாக எடுத்துக்கூறவும்.
- ஒரு நேரத்தில் ஒன்று மட்டும் கற்பிக்கவும்.
- மிகவும் கொடூரமாகவும், சத்தமாக திட்டாதீர்கள்.
- மன்னிக்கவும், என்று கேட்கவும், நன்றி சொல்லவும் கற்றுக்கொடுங்கள்.

விளையாட்டு முறைகள்:

விளையாடுவதன் மூலம் குழந்தையின் மனித தத்துவம் வளர்கிறது.

- மனவளர்ச்சி குன்றிய குழந்தைகள் விளையாடும்போது கண்காணிப்பு மிகவும் அவசியமாகிறது.
- மனவளர்ச்சி குன்றிய குழந்தை அதை போன்ற மன அளவு கொண்ட குழந்தையுடன் விளையாடவே விரும்பும்.

- கண்டிப்பாக கண்காணிக்கவும்
- விளையாட்டு பொருட்கள் குழந்தையின் மன அளவுக்கு சரியானதாக இருக்க வேண்டும்.
- விளையாட்டு பொருட்களை மாற்றிக்கொண்டே இருக்க வேண்டும்.
- விளையாட கற்றுத்தரவேண்டும்.
- விளையாட்டு பொருட்களை மட்டுமே பயன்படுத்தவும்
- விளையாட்டு பொருட்களை மீண்டும் அதே இடத்தில் வைக்க கற்றுத்தரவும்.
- வண்ணம் அடையாளம் காண்பது குறித்து கற்றுத்தரவும்.

கற்றுக்கொடுக்கும் வழிமுறைகள்:

- தயார்நிலை
- மீண்டும்,மீண்டும் செய்தல்
- பாராட்டு
- ஒரே நேரத்தில் ஒன்றை மட்டும் கற்பிக்க வேண்டும்.
- குறுகிய நேரத்தில் செய்வதாக இருக்கவும்.
- நிறைய நேரம் கொடுக்கவும்.
- தேவையான போது மட்டும் உதவி செய்க
- நிலையாக இருக்கவும்.
- கவனம் சிதறும் சூழலில் கற்பிக்காதீர்கள்.
- எடுத்துக்காட்டுகளுடன் கற்பிக்கவும்.
- முறையற்ற செயலின் போது அமைதியாக இருக்கவும்.
- பேசத் தூண்டவும்.
- செய்து காட்டவும்.

APPENDIX- VI

PICTURES (SKILL TRAINING)

BRUSHING SKILL

Help the child to apply paste on the brush

Demonstrate the child to brush the teeth

Guide the child to brush the teeth

Praise the child after brushing the teeth

BATHING SKILL

Help the child to identify oil and soap

Guide the child to apply a soap and shampoo

Guide the child to bath

Praise the child after bathing

GROOMING SKILL

Help the child to identify the nail cutter

Demonstrate the child to cut the nail

Shows the child to comb the hair

Praise the child after combing the hair

Demonstrate the child to apply the powder

Teach the child to wipe the nose

DRESSING SKILL

Teach the child importance of dressing.

Get the co-operation of the child

Allow him to watch how his brother/peer get dressed.

Demonstrate and guide the child to wear dress

Praise his attempts & efforts.

EATING SKILL

Teach the child to wash the hand before & after eating

Demonstrate the child to take food

Guide the child to eat the food

Praise the child after eating the food.

DISCIPLINE

Teach right from wrong

Teach to say thank you and sorry.

Don’t threaten.

Don’t use harsh word

PLAY ACTIVITIES

Show the child how to use the toy, talk and play to him.

Allow the child to play with their same mental age.

Allow the child to talk and play with their brothers sisters.

Don’t become discouraged because he fails to respond.

Praises the child at each steps

TEACHING GUIDELINES

Teach one think at the time

Praises, hug and kiss the child

Teach by examples

Don’t punish. Teach again and again.